MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

SEP 27 1957

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Supply every item of information carefull

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09751

9759 CERTIFICATE OF DEATH

Reg. Dist. No. 2 42...

J.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
legibly	COUNTY Prince Slonge & MARYLAND	STATE LO. C COUNTY	V
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and wife nearest town)	CITY(If outside corporate limits, write RURAL	and give nearest town)
and	TOWN Cheverly 1mo-	TOWN Washington	47x=8
early	HOSPITAL OR NEWSING Home	STREET (If rural give location)	
clea	90 STREET ADDRESS 2 601 Chesterle av.	3414 204 SX. 97,8	
		(Last) 4. DATE (Month) (Day) (Year)
death	(Type or Print)	TOPT DEATH SEPT.	4 1957
of d	L / RACE: // 7.WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday Months I	Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS)	19,1870 87 yrs. Months	
causes	-1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
5 l	even if retired): ousewife retired	14. MOTHER'S MAIDEN NAME:	0.5.
2	11.1 Pos	L. L.	
write	15. WAS DEGLASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS: A	
1	(Yes, no, or unk.) (If Yes, give war or dates of service)	William E. Doherty.	
23.0	18. MEDICAL CERTIFICAT	ION	INTERNAL DESCRIPTION
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
**	450.0	d'activalizari	8
18	ANTEGEDENT CAUSE (%)		-412
hysicians	DISEASES OR CONDITIONS, IF ANY, (8)		
Phy	GIVING RISE TO THE ABOVE CAUSE DUE TO		
1	(C)		
important	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	+ '-11.	
por	DISEASE OR CONDITION CAUSING DEATH.	en Muy	6 mar
H	198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
ly C			YES NO
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Coun etc. INJURY OCCUR?	ty) (State)
est	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
50	M, at work □ at work □		
86	22. I hereby certify that I attended the deceased from 3/9	, 195.7, to 9/4, 195, That I last	saw the deceased
ÇĞ			
ب	alive on 9./3, 1957, and that death occurred at		
rect	SIGNATURE A D D	ADDRESS DA	stated above.
correct	SIGNATURE M. M. M. SIGNATURE M. M. M. M. SIGNATURE M.	D. Choul	re signed
correct	SIGNATURE AND KIND	DA. ADDRESS DA.	re signed

9/4/57
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W.W. elmerson
g. Opple.

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-E	BALTIMORE,	18
9760	CERTIFICATE	OF	DEATH	*	

CERTIFICATE OF DEATH

09752

50		, Reg. Dist.	No.			
	1. PLACE OF DEATH o. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE [Where deceased lived. If institution: Residence o. STATE b. COUNTY Prince Geor				
	b. CITY OR TOWN (If outside corporate timits, write RURAL and give negress fown) ML/Rainer Cheverly D.C.A.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainer				
9	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince George Heneral	d. STREET ADDRESS 4206 Rainer Ave.	e. IS RESIDENCE ON A FARM? YES NO DO			
1			T TO TO AL			
	3. NAME OF First Middle DECEASED (Type or print) James	Lost 4. DATE Month OF DEATH 9 - 2	Day 4- Year 19.57			
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 1882 75 75 75 75 75 75 75 7	YEAR IF UNDER 24 HRS. oys Hours Min.			
	10b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	1000	EN OF WHAT COUNTRY?			
1	Baker - retired Bakery	14. MOTHER'S MAIDEN NAME	1,0,00			
1	John accetta	Vingered Peter	alla			
2	(%). WAS DECEASED EVER IN U. S. ARMED FORCES? (%) (%). no. or unknown) (If yes, give war or dates of service)	203-32 Mish mh Ra	inier my			
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute pulmonary	edema	INTERVAL BETWEEN ONSET AND DEATH hours.			
	Conditions, if any, which) (b) Aortic Stenosis	?years				
	couse (a), stating the under- lying cause last. DUE TO (c) Old Rheumatic He.	art. Nisease	Wears			
L	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20d. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH OF LIFE FITHER, NOTIFY MEDICAL EXAMINER)					
		D. (Enter nature of injury in Part 1 or Part 11 of item 18.)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While at work at wor	ACE OF INJURY (Home, farm, 20f. (City or town) (Coclory, street, office bldg., etc.)	unty) (State)			
	21. I certify that I attended the deceased from may		st saw the deceased			
	1-10/60	accurred at 1:30 MM, from the causes and an the	date stated above. DATE SIGNED			
	SIGNATURE Liced V. Clayman	M.D.6.311 Balto Ceve, Kurerdale	ned 9/27/19			
	PHYSICIAN'S NAME (Type)					
	320. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(State)			
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Malley Funeral Home Mt. Raine	240. BZC'D BY REGISTRAR 240. REGISTRAR'S SIGN				
	I Inc.					

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promoted application

firms - resident

BUREAU V. E.

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BUREAU V. S.

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BUREAU V. E.

SEP 23 1957



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PLACE OF DEATH o. COUNTY b CITY OR TOWN

d. NAME OF HOSPI

Prince Ge

3. NAME OF DECEASED (Type or print)

Male 10a USUAL OCCUPATI during most of work Trackman 13. FATHER'S NAME

15. WAS DECEASED ET (Yes, so, or unknown)

> 18. CAUSE OF DEA PART I, DEA

Conditions, if gove rise to imme (o), stoting the couse lost.

Hour e.m.

5. SFX

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	and 3 to the fuseral direstor Page	ge 5 may b, 'oined far your files	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transis permit. File pages 1 and 2 with 1 to bate Baard of Health,	72 hours ofter death.
fer d	1, 2,	Pag	1 0	Ihin 7
4 hours of	ive Pages	form PM3.	ile proges	event wit
within 2	7 13 G	ng with f	ermit.	nd in ony
executed	di in Her	ffice ala	-transit p	noval, or
ad plac	in pend	viner's O	a burial	n, or rer
rificate sh	pending	ical Exan	sp pasa as	crematia
This cer	e ward	hief Med	should be	burial,
AMINER	writing th	to the C	Page 3	prior to
ICAL EX	ifficate, '	worded	ECTOR:	d agent
Y MED	the cert	be far	AL DIR	signate
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OR INSTITUTION (IF		_	Bowi			e 15 RES DENC ON A FARM
rges Genera	rl Hospit		129	7th S	reet	AES NO
First		Middle	Lost	4 DATE OF	Month	Day Year
James_	John	Berb		DEATH	Septembe	77.75
COLOR OR RACE	MARRIED I	NEVER MARRIED 🔠 8	DATE OF BIRTH		9. AGE (In years IFU lost birthday) Mor	NDER TYEAR IF UNDER 24 HA
white	WIDOWED [DIVORCED [3-16-90		67 yrs	Days Hours Adin.
(Give kind of work do	na 10b KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or foreign	country) 15	CITIZEN OF WHAT COUNT
are, even ii remadi	Penn.	Railroad	Alabama			U.S.A.
			14. MOTHER'S MAIDEN	NAME		-
olson Berb	l m				herford	
IN U. S. ARMED FOR		SECURITY NO. 17. H	NFORMANT	760.01	Address	
yes, give wat or dates of so				D	_	
			orothy May	Berb	ig; same add	Tess.
Enter only one couse						INTERVAL SETVICES.
WAS CAUSED BY: MEDIATE CAUSE (o)	Acute	congestive	heart failu	Le		
DUE TO						
12.6.3	Condi or	recouler re	nal disease			
le couse	Jaruro	ADOLLAR 14	SHOT WALKERS			
derlying DUE TO						
(c)						

(State)

PART II. OT 20d. EXTERNAL CAUSE WAS PRIMARY OF OCUTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lown) while Not while factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Doy, Year (County)

21. I certify that I took charge of the remains described above, held an Autapsy []. Inspection [2], Inquiry [3] opinian death resulted from. Natural couses 📦. Accident 🗍, Suicide 🧻, Hamicide 🧻, Undetermined manner 🗍

ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER

SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER DEPUTY MEDICAL EXAMINER September 2, 1957 NAME (Type) John T. Maloney, M.D.

Not while of work of work

270. BURIAL, CREMAT ON , 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) PEMOVAL (Specify) 9/5/57 Methodist Cemetery Walderf, Md.

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville. Md.

JUREAU V. L.

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יים של היים לא ביים ביים או היים של היים לא היים לא היים של הי	berefained by the hospital ar attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and commetely din by the funeral dire	e 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pay XI and 2 should be filed	recisters neigh to buried cremotion or removal and in one event within 72 hours after death.
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3	2		0	9

		MARYLA	ND	STATE DEPAR	RTME	NT OF HEALTH	-BAL	TIMORE, 1	8 00	756	
		982	9	CERTIF	ICA	TE OF DEATH	1		Reg. Dist.		242
1. PLA	CE OF DEATH	ce George s	***************************************	MARYL	- 11	2. USUAL RESIDENCE (Who o. STATE Maryle		d lived. If instituti b. COUNTY	Pr. Ge		. ,
R)	URAL and give ne	f outside corporate limits, orest town) Maryland.	write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (If o			URAL and give	nearest tow	n)
4.1	iame of Hospit or Institution 720- Hu	At (If not in hospital, give	streel o	oddress)		d STREET ADDRESS 2283 - Owe	ens Ro	ad S. E.		ON	SIDENCE A FARM? NO LO
DEC	ME OF EASED e or print)	SADIE		B. Middle		BIVENS	4, DATE OF DEATH	Sept. Mon	# 22nd.	Day	Year 19 57
s sex Fen	nale	0.00	MARR	DIVORCED		DATE OF BIRTH August 11- 18	384	9. AGE (In years lost birthday) 73 yrs.	Months Do		
100 US du HC	SUAL OCCUPATION OF WORLD ON THE CONTROL OCCUPATION OF THE CONTROL OCCUPATION	IN (Give kind of work doning life, even if retired)	1 _	kind of Business or Domestic	INDUSTI	Oxon Hil:				N OF WHA	T COUNTR
13. FAT	HER'S NAME	_				14. MOTHER'S MAIDEN N		~ **			
15 14/4	James	Dean R IN U. S. ARMED FORCES	2 14	SOCIAL SECURITY NO.	17 INE	Betty Or ORMANT	70ns	Add			
(Yas, no-		(II yes, give war or dates of service		SOCIAL SECURITY NO.	1	ldred E. DeM	ar, A	4720- Hud		e., S.	E.
d C S C Iy	PART 1 DEA LACO, I conditions, if or over cise to in over (a), stating ing cause lost.	nmediate DUE TO		Hyper		y sec-	lu	Ziali	11/1000	INTERVAL B	DEATH
1FICATION						OF RELATED TO THE TERMIN			'EN IN PART I	PERF	ORMED?
Ų (IF	CONTRIBUTING EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER				,		•			
MEDICAL 20c	. TIME OF INJUR Hour a. m. p. m.	10	20d IN While of work	Not white		E OF INJURY [Home, form, ry, street, office bldg., etc.		or town)	(Cou	nty)	(Stote
AC SIG PH NA 270. BL	TUAL CEMATION ON A TIME (Type) FIRE CREMATION ON A LISPECIFY LISP	A. SC 17 L N, 121b. DATE THEREOF Sept. 25th	12	The same of the sa	M.	D. 2417 CREMATORY Cometery	LA CA 22d LOCA Oxon	reet, city or town, chul TION (City, Jown, Hill, Ma	n ew/	date stat	ed abov
23 FUN	HERAL DIRECTOR'	s signature 1 Brotho	123	166100REGOOD Washington,	Hope D.C	Rd. S. E	BY REGIST	RAR PADY REGI	STRAR'S SIGN	ATURE (MA)	felle

MARION

BUREAU V. S.

7561 NO 938

4	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
	1+0ms 8,915 out - 10-118/516	ATE OF DEATH 19757
Ī	PLACE OF DEATH COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STAMP
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Maryland	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berwyn Heights, Maryland.
	d NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Prince George's General Hospital	d. STREET ADDRESS 8922 57th avenue, . S. IS RESIDENCE ON A FARM? YES NO S.
17.7	NAME OF DECEASED (Type or print) Name OF Pirst Middle HOFFMAN	BLACK 4. DATE OF DEATH September 28, 19 57-
1	sex 6. COLOR OR RACE 7. MARRIED (S) ONEYER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS - Jou birthday) Months Doys Hours Min.
	Oo USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Civil Engineer	Huntingdon, Penna USA
1	Jacob Black	14 MOTHER'S MAIDEN NAME Emma Fryling
Î	Yes, no. or unknown) I (II yes, gave wer or dates of service)	s Amratha Manning Camp Hill, Penna.
	Conditions, if any, which	HEART FAILURE INTERVAL BETWEEN ONSET AND DEATH ROTIC HEART DISEASE 5 MYOCARDIAL IN FARETION.
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \subseteq \)
		D. (Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 10 19 of work at work	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I attended the deceased from JULY alive on 24 SEPT, 1957, and that death ACTUAL SIGNATURE LESCUE H. French	. 1957, to SEPT 24., 1957, that I last saw the decease of occurred atM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNE M.D. 1726 EVE ST. N.W. WACH 6. D.C.
L	PHYSICIAN'S Leslie H. French	1726 Eye St N. W. Washington D. C.
	20. SURIAL, CREMATION, REMOVAL (Specify) 10/1/57 Riverview C	
1	F. Gasch's Sons Hyattsville Md.	24g REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATEOCT 1 '57 700

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9830 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH o. COUNTY o. STATE Texas MARYLAND Prince Georges b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 þe RURAL and give neorest town) See Reverse Del Rio should Andrews AFB, Wash. 25. D.C d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 206 Austin Court Andrews APD. Wash. 25. D.C NAME OF DECEASED Middle 4. DATE Edward John Boland (Type or print) 6. COLOR OR RACE 7. MARRIED TE NEVER MARRIED T 8. DATE OF BIRTH 9. AGE [In years 5. SEX lost birthday) Male 12 May 1922 WIDOWED [7] DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) U.S. Air Force Chicago, Illinois Pilot, U.S. Air Force 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Deceased - Unknown Unknown 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Injuries, multiple, severe, extreme IMMEDIATE CAUSE (o) 763 X DUE TO Aircraft Accident Conditions, if any, which] gave rise to immediate DHE TO cause (a), stating the underlying couse last. burial-transit CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH Aircraft Crash, Full Particulars Unknown MEDICAL 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c, TIME OF INJURY Month. 20d INJURY OCCURRED factory, street, office bldg., etc.) for use While / Not while of work 2 of work Andrews AFB 21. I certify that I attended the deceased from See Revense 19 to alive an DIRECTOR **ACTUAL** SIGNATURE 1401st USAF Hospital Andrews Air Force Base PHYSICIAN'S NAME (Type) P. L.CHANUS USAF (IIC) Washington 25. D.C.

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY Val Verde c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO [7] September 1957 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? United States 1080th Air dise Group M/Sgt Paul Lock, Laughlin AFB, Texas INTERVAL BETWEEN Instant PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 119. WAS AUTOPSY PERFORMED? YES X NO Andrews AFB, Prince Georges, Md. _____, 19___,that I last saw the deceased ____, and that death accurred at 0225 am, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED 12 September 1957 22d. LOCATION (City town, or county) 220. BURIAL, CREMATION, 226 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY (Stote) 0 ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNÁTURE

death.

A corrected Certificate of Death will be prepared and forwarded if additional information is received concerning itmes presently indicated as unknown.

CERTIFICATE

I, the undersigned, while in performance of dulies as Redical Officer of the Dor, for the liphst USaf Hospital, do hereby certify that I was surmoned to the second of the aircraft acciden and found subject officer dead upon my arrival thereat. It is my opinion that death occurred approximately 10 to 15 minutes prior to my arrival.

Item 1c: Unable to determine, aircraft had not landed.

REGINALD P. MCHANUS
CAPT, USAF (MC)
Attending Physician

ISCI SI AS DECIEDADEN

SEP 26 1957

BUREAU V. &

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1976) 9766 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH			I a usual essioni	CE 010	A 16 months along Doubles	
a. COUNTY		DI ABWI ASAD	Q. STATE	CE (Where deceased lived	b. COUNTY	nce perore damission;
Pr	ince George	MARYLAND		Md		e George
b. CITY OR TOWN (If RURAL and give no	outside corporate limits, write orest fown]	c. LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outside corporate f	imits, write RURAL and	give nearest town)
Cheverly M	d	7 Days	Mitchel	lsville. Md	X	
	AL (If not in hospital, give street	address)	d. STREET ADDR		1	e. IS RESIDENCE ON A FARM?
Prince Geo	rce General Ho	spital	Box 13	8 Route #2		YES NO
3. NAME OF DECEASED	Fint	Middle	Last	4. DATE	Month	Day Year
(Type or print)	Willia	m W	Brown	OF DEATH	Sept	18 1957
5. SEX Male		RIED NEVER MARRIED	B. DATE OF BIRTH	9. A		TYEAR IF UNDER 24 HRS.
17.002.0	WIDOW	ED DIVORCED	2-6-86	10	71 yrs. Months	Days Hours Min.
100 USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE	(State or foreign country	12. CI	TIZEN OF WHAT COUNTRY
Tarn		ref	ma	reflech		1.0.16
13. FATHER'S NAME	0	A CONTRACTOR OF THE CONTRACTOR	14. MOTHER'S MA	IDEN HAME	7 ()	
Loon	al Brown	U-V	mac	affece. (5	urley	
IS. WAS DECEASED EVER	YN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	14/	Address	
(Yes, no, or unknown)	If res, give war or dates of service)		William 1	Brown	Same	as above
18. CAUSE OF DEAT	TH [Enter only one cause per l	ine for (a), (b), and (c).]				INTERVAL BETWEEN
PART I, DEA1	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	arene	1			ONSET AND DEATH
	DUE TO	0 // 0	- /	2 2	1.00	4
Conditions, if an	w which \	Cluron	10 (78)	Que ricla	. / Ceple.	to 1 mon 8
gove rise to in	nmediate		-4-4	C Now Charles	LL V Jus	and I would
couse (a), stating t	he under-				У	
lying cause last.) (c)					
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	ETERMINAL DISEASE COI	NDITION GIVEN IN PAI	RT 1(0) 19 WAS AUTOPSY PERFORMED?
5						YES NO
PART II. OTH 200 ACCIDENT WA OR CONTRIBUTING OR CONTRIBUTING	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	D. (Enter nature of inj	ury in Part I or Part II of	item 18.)	
		100 m		d land inte		
Hour a. n.	Month, Day, Year 20d. I While 19 at wo	Nat white fa	ictory, street, office bld	le, form, 20f. (City or to	rwn) (County) (State)
		XII.	611	10/11/5	(2)	
21. I certify the	at I attended the deceas	sed from	<u> </u>	0	, 193_/,that I	last saw the deceased
alive on	184	, and that death	occurred at	from the	e causes and on t	he date stated above.
	J 00	97/11	1 1/5		city or lown, state)	DATE SIGNED
SIGNATURE	(Mill)	Mugai	M.O. 408	20 / [a	Model	Vysu 919/
PHYSICIAN'S	U			HT PA	Line	rech !
NAME (Type) SE	mmal J. Sugar	I.D.)		41107	INIER	Mar
220 BURIAL, CREMATION REMOVAL (Specify)	V. 226 DATE THEREOF	22c. NAME OF CEMETERY	CREMATORY	22d LOCATION	(Gily, town or county),	/ (Stole) /
Bures	17-21-57	1110. +	elbe	11 ite	lellsail	to me.
23 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		. REC'D BY REGISTRAR	REGISTRAR'S SI	
Dilling	Beese II	ayora.)	Med - DA	TE SEP 2 4 '57	Will-row	LON

MATERIA

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2 .V UASAUE

- 1			MARYLAND STATE DEPART	MENT OF HEALTH-	BALTIMORE, 18	
T 25			9767 CERTIFIC	CATE OF DEATH	Reg. 1	09761 Dist. No.
oge recto	-	1. 1	PLACE OF DEATH COUNTY	A STATE	deceased lived. If institutions Resid b. COUNTY	
		L	MARYLANI C. CITY OR TOWN (If outside reparate limits, write c. LENGTH OF STAY IN 11		P	rince George
leath nerol	-		c. LENGTH OF STAY IN II		de corporate limits, write RURAL and	d give neorest town)
offer d	16	-	Chevery Md Lift not in hospitol, give street oddress)	Maryland Pa	PK	L C STELDENTS
to by the	47	Pr	ince eorge General Hospital	207 65th A	ve.	IS RESIDENCE ON A FARM? YES NO 🔏
o 24 ho	" •		NAME OF First Middle PECEASED Type or print) Baby Girl Bull	ard	DATE Month Of DEATH Sept.	Day Year 4 1957
pletely rs. Po			emale White widowed Divorced	Sept. 3 1957	2 Hrs ers Months	Doys Hours Min
and cam oon pape if death.	1	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or for	preign country) 12. (CITIZEN OF WHAT COUNTRY
sarbo		13.	Kenneth Lee Bullard	Be Tu	elores 7	Vine
ng physica remove 72 hours	0	15. (Yes	no. or unimposit . Iff was one over or date of convent	Bettir Bullard Mot	ther Same	as above
endi endi endi			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	0+1	*	INTERVAL BETWEEN ONSET AND DEATH
to att			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	alle	Music	OHALF AND DEATH
that the by the t. Th. The y even			Conditions, if ony, which)	Green	alunt	
signed signed t permi			gove rise to immediate couse (a), stating the under DUE TO			
iciar onsi		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P.	ARY 1601 19. WAS AUTOPSY
The la phys hos b vrial-tr maval	2-	FICATION				PERFORMED? YES NO
tendinificate in the burner or re		L CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
PHYSIC al or al his cert use as emation		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. Hour o. m. p. m. 19 at work at wark	PLACE OF INJURY (Home, farm, 2 factory, street, office bldg., etc.)	Of, (City or town)	(County) (Stote)
ing free 1 d for			21. I certify that I attended the deceased from	3,195),10 de	18-4.1957hot	Last saw the decease
R. A. A. A. C. A.			alive on 19 7, and that dec	th occurred all:304.	A, fram the causes and an	the date stated above
A ATTI			ACTUAL John Jukin	40 5301 Has	MESS (Street city or town, state)	Hall 9/4/5
AL OIR	/		PHYSICIAN'S John N. Perkir	4		
SPIT 4 s strings		2 72a	BURIAL CRIMATION, 224/DATE INTEREOF 224 NAME OF CEMETERS	R CREMATORY / 22d	VOCATION (City, 1041) of county	1 15/04
may O Fe Page		٢	If he see Sept 957 Muer 2	our as Sent	top eller	ely Mid
VS A15 (4) 15M 9/55	20	13.	FINERAL DIRECTOR'S SIGNATURE ADDRESS	DATE TO 1	REGISTRAR 246. REGISTRAR'S	SIGNATURE
15M Y/55	K	4	The state of the s	Inc. 2Fb 1	Stor Ulle Freder	d/
		1	1.			/

CREAU V. E.

25ED 18 1052

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09762 **CERTIFICATE OF DEATH** Rea. Dist. No. filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND GITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 15 c. CIDEOR TOWN,(If autside corporate limits, write RURAL and give nearest town) pe RURAL opd give nearest town) Pio d. NAME OF MOSPITAL All not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCI ON A FARM? YES NO T NAME OF First Middle 4. DATE Month Year Day DECEASED (Type or print) ATON DEATH Nepy 19 5 0111 7. MARRIED NEVER WARRIED 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months emALP DIVORCED | WIDOWED IN YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME O AMES 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** cottse (o), stoling the under-Tying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) (State) Hour o. m. foctory, street, office bldg., etc.) Not while While ot wark at work p. m. 1957 that I last saw the deceased 21. I certify that I attended the deceased from, alive on DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMITTION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, town for county) (Stote) -REMOVAL (Specify)

ADDRESS

24a, REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/SS 23. FUNERAL DIRECTOR'S SIGNATURE

death.

BUREAU V. S.

THE CEIN FILL

HOSPITAL

JA .V UAZEU

DEALES EN

Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09764 Reg. Dist. No

> . IS RESIDENCE ON A FARM?

Day

IF UNDER I YEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

Months

YES NO

Yeor

19

Address 016 INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (Stale) (County) 192 Zithat I last saw the deceased , and that death accurred at 6.00 AM, from the causes and an the date stated above ADDRESS (Street, city or town. 22d LOCATION (City, town, or county) (Stote) Washington, D. C. 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE SEP 11 57

VS A15 [4] 15M 9/55

BUREAU V. S.

SEP 11 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **EXAMINER'S CERTIFICATE OF DEATH** Reg. Dist. No. 242 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. MAME OF HOSPITAL OR (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO T NAME OF Middle DATE Year DECEASED OF DEATH (Type or print) 195 5. SEX 9. AGE Tin years 6. COLOR OR RACE 7. ARRIED NEVER MARRIED 8. DATE OF BIRTH FUNDER TYPAR IF UNDER 244-RS. lest birthday) Months WIDOWED IT DIYORCED [11 BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working fie, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN N SOCIAL SECURITY NO. A7. INFORMAN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). MERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? NO P 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) While Not while o m of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection 🔃 Inquiry death resulted from: Natural causes [1] Accident Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL SIGNATURE NAME (Type DEPUTY MEDICAL EXAMINER A 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) Mt.Olivet Cemeterv Washington, D.C. 23. FUNERAL DIRECTOR'S SIGNATURE REC'D BY RECESTRAR # 24b. REGISTRAR'S SIGNATURE VS A15ME(5) T.Ryan Ync DATE 5M 9/55

BUREAU V. S.

DECEIVED OCT & 1757

1. PLACE OF DEATH

MARYL	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
977	0	CERTIFICA	ATE OF DEAT	ATE OF DEATH 09766						
Georges		MARYLAND	2 USUAL RESIDENCE (W			n: Residence befor				
itside corporate limit	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo						
y		15 days	/5 Hyatts	ville						
(If not in hospital, gi	ive street (oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?			
eorges Ge	nera	l Hospital	2627	Nicho	lson St.		YES NO			
Firs	£\$	Middle	Last	4. DATE	Month	h Da				
Alice			Chandler	DEATH	Sept.	3	19 57			
COLOR OR RACE	7 MARR	RIED TO NEVER MARRIED	8 DATE OF BIRTH		9. AGE (In years		IF UNDER 24 HRS			
White	WIDOWE	ED DIVORCED	Il May 19	922	last birthday)	Months Days	Hours Min.			
Give kind of wark d	ione 10b	KIND OF BUSINESS OR INDU	JSTRY 11 BIRTHPLACE (Stote	e or foreign c	country)		F WHAT COUNTRY?			
own home			Mon	Montana		USA				
		4	14. MOTHER'S MAIDEN	NAME						
avid Flan	sbur	g	Josephine	?						
		-	IN COMPANY		4.1.2					

· COUNTY Prince b. CITY OR TOWN (If ou RURAL and give neare Chever! d. NAME OF HOSPITAL Prince NAME OF (Type or print) 5. SEX Female. 100 USUAL OCCUPATION during most of working Housewife 13. FATHER'S NAME D: 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Chandler Hyattsville, Md. no INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c).] PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HO) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm, 20f. (City or tawn) Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg, etc.] Hour a.m. While Not while of work at work 19 VZ that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at) M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) REMOVAL (Specify) Arlington National Arlington Virginia. Sent 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE SEP 9 '57 Gasch's Sons Hvattsville

VS A15 (4) 15M 9755

NEEDU V. E.

DECENAED

OCT 9

Ritchie Bros. Funeral Home-Mariboro, Md. DATE

hours after death. Page

within

death certificate

MUREAU V.

BALES AND

1/1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTI	IMORE, 18	0976	h hay
1	9751 CERTIFICATE OF DEATH	Re	g. Dist. No.	745
1 161	1. PEACE OF DEATH O. COUNTY O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased I	lived. If institution: R	Residence before odmis	iion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ote limits, write RURAI	L and give nearby tow	n)
,	d. NAME OF HOSPITAL (If not is hospital, give street address) or INSTITUTION PAINT DRANCH MAINSING Home d. STREET ADDRESS OR INSTITUTION PAINT DRANCH MAINSING HOME 6708 - 44 H AZ	u e ,		FARM?
	3 NAME OF First Middle Last OF OF DECEASED (Type or print) LUKE A COLE DEATH	Month	Day 2	Yeor 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH (RELICASINE WIDOWED DIVORCED MARCH 34, 1873)		INDER I YEAR IF UND	
į I	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign could during most of working lifer even if retired) CEXTRIBLET (Up) OLE C	intry)	12. CITIZEN OF WHAT	COUNTR
s order o	13. FATHER'S NAME	-11te		
72 haur	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT I'VIS. 79. 01 unknown] III yes, give wor or doles of services ADWE S. Elizabeth Cole	Address 6708 - 41	4 th Avale	wattse
d in any event within	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if ony, which gove rise to immediate covie (o), stating the under lying couse lost. (c) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). (c) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). (c) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). (d) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). (d) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).	levoact	INTERVAL BI	TWEEN DEATH
novol, on	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN	PERFC	AUTOPSY PRMED?
ar re	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II	II of item 18.)		
emotiar	20c. TIME OF INJURY Month, Day, Year While Not white of work o	or town)	(County)	(State)
iar to burial, cr	21. I certify that attended the deceased fram // 196 to Flot a alive an fram 199, and that death accurred at 720 PM, fram ADDRESS (Sye SIGNATURE LIFE C. L.) Sentraut M.D. 256 C Mills	the causes and	at I last saw the an the date state	
strar pr	PHYSICIAN'S W.C. Welvitraus			
the region	Burial 9/5/57 Glenwood Cometery Wash 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash 24a, REC'D BY REGISTRY	ing ton.	D.C.	e)
5	The S.H. Hines Co 2901 14th St., N. W. DC OREFP 4	Y.	messer	ry



BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9832 CERTIFICATE OF DEATH

09768 Reg. Dist. No.

1	PLACE OF DEATH				T									
1.	D. COUNTY					2. USUAL RESIDE	NCE (Wh	ere decease	d lived. If insti b. COUN		: Residenc	e befor	re admiss	ion)
L	Pri	ace Georges	1	MARY	LAND	D	. C.		0. COO!	47.1	-			
П	b. CITY OR TOWN (If RURAL and give no	outside corporate limi	ls, write	c. LENGTH OF STAY	IN 15	c. CITY OR TO	WN (If ou	utside corpo	rate limits, writ	lo RU	RAL and g	ive nea	rest town)
		le (rural)		2 yra,1 mo		W	ashir	ngton						
	d. NAME OF HOSPITA	Al. (If not in hospital, g	ive street	address) 30 days		d. STREET ADI		ALCON.	,	-			a. IS RES	IDENCE
	OK HASHIOHOIA	Glenn Dal	Hos	pital		1.	628 2	27th 8	St., S.	E.				NO K
3.	NAME OF DECEASED	Fir	t†	Middle		Lost		4. DATE	,	Nonth		Do	y '	l'ear
	(Type or print)	Hen	3	P.		Conner		DEATH		9		1:	2	19 57
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D []	B. DATE OF BIRTH			9. AGE (In yes		F UNDER	YEAR	IF UND	R 24 HRS.
	Male	White	WIDOW	ED DIVORCED		5/5/189	7		lost birthdo	yrs.	Months	Doys	Hours	Min,
100	. USUAL OCCUPATIO	N (Give kind of work	ione 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPLAC	CE (Stole o	or foreign c			12. CITI	ZEN Q	F WHAT	COUNTRY
	Painter	ing life, even if retired	S	elf-employe	ed	Washi	neto	n. D.	G.		TI!	SA		
13.	FATHER'S NAME			020,0		14. MOTHER'S M			-					
	James D. (Conner				Mary L	ane							
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, IN	IFORMANT			· /	Addre	is .			
144	NO vinknown)	If yes, give war or detect of s	rvice)	79-03-4166		Decedent			_					
-		TH Fester only one or		ne for (a), (b), and (c).]		De Cedento						1 (6.17)	20 1410	214554
		H WAS CAUSED BY:										ONS	RVAL BE	DEATH
	IMMEDIATE CAUSE (o) Cor pulmonale 2 yrs.													
	de .	DUE TO										Ι.	,	
	Conditions, if ony, which power is to immediate (b) Pulmonary emphysema											5 yrs.,		
	couse (o), stoting the under-													
_	lying couse lost,) (c		ulmonary tu) yr:	
0 N	PART III. OTH	ER SIGNIFICANT CON	O SMOITIC	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEAS	E CONDITION	GIVE	IN PART	1(0) 11	, WAS	AUTOPSY RMED?
3														NO 🗍
CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING []	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter noture of it	njury in Po	ort t or Par	t II of item 18.)					
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
ž	20c. TIME OF INJURY	Month, Day, Yes	c 20d. 1	NJURY OCCURRED	20e. PLA	CE OF INJURY (Ho	me, farm,	20f. (City	or town}		(C	ounty)		(Stole)
MEDICAL	Hour a. jr. p. m.	19	While of wor	Not while	toci	tory, street, office b	ildg., etc.)	1						
		ماد ادماد مساور	d		13	יי בב		0/10	2					
П		t I attended the	deceas	-1-		19.55,								
П	alive on	7/16	18	$2L_{r}$, and that	death	occurred at 1						e dai		
	ACTUAL	IND IN	111						treet, city or tov		*		. DA	TE SIGNED
	ACTUAL SIGNATURE	MET AND	NVL		٨	A.D	Glenr	a Dale	Hospit	al		9	/12/	57
	PHYSICIAN'S NAME (Type)	loe Weiss,	M. D	•		(Glenr	n Dale	, Maryl	an	d			
220	REMODELE (Specify)	DATE THEREO	F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCA	TION (City, tow	n, 99	county)		Stote	100
	west of the second	14-16-	57	mit O	les	iet Con	nelin	up a	Wal	h			A	C.
23.	FUNERAL DIRECTOR'S	SIBNATURE TE	2221	ADDRESS	2			BY REGIST	11) .	GIST	RAR'S SIG	NATUR	E	
L	amis!	1. Pul Cen	1 des	2P. 317 F	en	1 ani 0	IATE SE	P 17 '	57 Ju	4	edu	ch		
-77														

BUREAU V. S.



09769 CERTIFICATE OF DEATH

		98	333	CERT	rici	AIL OI L	LAII			Reg. D	ist. No			
1.	PLACE OF DEATH	rince Georg	ies	MAR	rland .	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Ashington, D.C. b. COUNTY								
	CITY OR TOWN (II	f outside corporate limi	-	c. LENGTH OF STAY	IN 15	c. CITY OR T	OWN (If	outside corpo	rate limits, write R	URAL ond	give ne	prest fowr) /	
Ar	RURAL ond give ne	Force Base		Unknown						3 1	a.			
		AL (If not in hospital, g		ddress)		d STREET A	DDRESS					e. IS RES	IDENCE FARM?	
14	OIST USAF	Hospital (MATS)			#6,	N. S	treet	S.W.		_ •		NO 🔼	
3.	NAME OF DECEASED	Fir	st	Middle		Los	t	4. DATE	Mon		De	ly	Yeor	
	(Type or print)	Char		Will		Cous	ar	DEATH	Septe	mber	1		19 57	
5. :	SEX	6. COLOR OR RACE	7. MARRI	ED 🚮 NEVER MARR	ED 🔲	8 DATE OF BIRT	Н		9. AGE (In years lost birthday)	IF UNDE Months	R I YEAR	-	ER 24 HRS.	
	Male	Negroid	WIDOWE	DIVORCE	D 🔲	12 Apri	1 189	6	60 yrs.	MONTHS	Days	Hours	Min,	
100	. USUAL OCCUPATION during most of work	ON (Give kind of work or king life, even if retired	Jone 10b K	IND OF BUSINESS	OR INDU	ISTRY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)				COUNTRY	
	Taxi Dri						ord,			Un	ited	S ta	tes	
13	FATHER'S NAME					14, MOTHER'S	MAIDEN	MAME						
L	James C						Hedge	S						
	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dotes of s		OCIAL SECURITY NO		INFORMANT		***	Add					
	No l		Uı	nknown		Clara Cou	ısar	#6, N	. Street	S.W.				
		TH [Enter only one co										ERVAL BE		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, Cere	ebral Hemo	rrha	age					. 6	Hou	rs	
	O O/X DUE TO							_	3 Years					
	Conditions, if a		Arte	eriolar Hy	pert	tension					3	rea	rs	
	couse (a), stating	A PULL TO												
_	lying couse lost.) (c												
CERTIFICATION	PART II OTH	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DE	ATH BUI	NOT RELATED TO	THETERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(0)	PERFO	PRMED?	
FICA												YES [NO 🗆	
ERTI	20a. ACCIDENT WA	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY (DOCURRE	D. (Enter noture o	f injury in	Port I of Pari	f It of item 18.)					
		MEDICAL EXAMINER)	. I ma a m	Way acquasta	120	4.65.05.15.19.10.7	A.A	201 101					40	
MEDICAL	20c. TIME OF INJUR Hour o.m.	•	While	JURY OCCURRED Not while		ACE OF INJURY (Inches, office			or lown)		(County)		(Stole)	
¥	p. m.	19	of work											
	_	at I attended the						-						
	alive an 1_Se	eptember	, 12.5	and tha	t death	accurred at					the do			
	ACTUAL	31. 1. f	3	/					Ireel, city or town,			D.	ATE SIGNED	
	SIGNATURE	startes.	_/_	luc		M.D. 14015	I USA	r Hosp	ital (MA	15/				
	PHYSICIAN'S NAME (Type) CH/	ARMES I PI	cus ⁄c	APT. USA	F (M	C) Andre	ws Ai	r Forc	e Base,	Wash.	ingt	on 25	5, D.C	
220	BURIAL, CREMATIO	N, 22b. DATE THEREC)F	22c. NAME OF CEA	AETERY C	OR CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stol	le)	
1	Bur al	9-6-1	57	Lincoln	Men	7.		Suf	tland, Ma	mela	nd_			
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			24o. REC'	D BY REGIST				RE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after 1 eath; Page 4 d in by the funeral director, I and 2 should be fled-with may presetained by the hospital or ottending physician.

O FU AL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 23 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO FU VS A15 (4) 15M 9/SS

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THE SELVER

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VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09770 Reg. Dist. No. 2 3

1. PLACE OF DEATH	ince George's	MARYLAND		Vhere decessed lived. If institute the control of Columbia	ul an: Residence before admiss on) L
	Fourtide corporate limits, wir to RuRAs.)	3 days	Washing		RURAL and give nearest lawn)
d NAME OF HOSPIT	AL OR INSTITUTION (If not in I	nospital, g ve street address)	d. STREET ADDRESS		S RE D. INE
Prince Geo	rge's General H	ospital	2008 R S	Street N. W.	YES NO
3. NAME OF DECEASED (Type or print)	William Edw	middle C	lost Fump	4. DATE Mont OF Septembe	
5. SEX	6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years	IFUNDER TYEAR IF UNDER 24 HRS
Male	White WIDOY	VED DIVORCED	Sept 2,18	88 (***********************************	Months Doys Hours Min
100 USJAL OCCUPATION during most of working Retired	ON (Give kind of work done 10b	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole Virginia		U. S. A.
13 FATHER S NAME			14. MOTHER'S MAIDEN		AMERICAN PROPERTY TO THE PARTY OF THE PARTY
William	F. Crump		Elizabet	h Reynolds	
15. WAS DECEASED EV (Yes, no, or anknown)	(If yes, give wer or dotes of service)	6. SOCIAL SECURITY NO. 17, N	Eligabeth Bu Washington,	tler, 7330 12t	h N. W.
Conditions, if o gave rise to imme (a), stating the cause last. PART II. OTI	DUE TO (b) (diale course underlying) HER SIGNIFICANT CONDITIONS LSE WAS 200 DESC.	CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERM	naldisease condition Gi	VEN IN PART I(6) 19, WAS AUTOPSY PERFORMED? YES: NO
	NTRIBUTING []				
20c TIME OF INJU	w	d INJURY OCCURRED 20e PLA hile Not while fact work at work	CE OF INJURY (Home, form tory, street, office bidg, etc.)	n. 20f (City or fawn)	(County) (Stote)
21. I certify I	hot I tack charge of the	e remains described abo	ive, held an Autaps	sy 📆 , Inspection 📑	Inquiry ond in my
apinion death	resulted from: Natura	I causes 🔂 Accident	, Suicide ,	Homicide 🔲, Undet	ermined monner 🔲
ACTUAL SIGNATURE EXAMPLER'S	aner!	If Say	M D CHIEF MEDICAL E	AL EXAMINER	DATE SIGNED
NAME (Type)	James I. Boyd		DEPUTY MEDICAL		ptember 15, 1957
Burial	9/18/57	Arlington II	ational	Arlington	Virginia Virginia ISTRAR'S SIGNATURE
23 FUNERAL DIRECTOR	www.soma.	56 Pennsylva L. Washin ton		TO BY REGISTRAR 246 REG	~)

SEP 20 1957

CERTIFICATE OF DEATH

09771

ı		OEKTII TOP	TIE OF DEATH	Re	ig. Dist. No.			
	1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Mary lai	5 COUNTY	Residence before admission) Prince George			
	b. CITY OR TOWN (If outside corporate limits, write c RURAL and give nearest town) Cheverly	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside					
	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION Prince George Hospi		4 STREET ADDRESS 4023 37th	Street	. IS RESIDENCE ON A FARM? YES NO NO			
	3 NAME OF DECEASED (Type or print) John	~ Campbell		ATE Month Sept	Doy Year 13 19 57			
	Male White WIDOWED	DIVORCED	s DATE OF BIRTH Jan. 15,1884	fost b'rihday) Me	UNDER TYEAR IF UNDER 24 HRS. Doths Doys Hours Min.			
	100. USUAL OCCUPATION (Give kind of work done 100. KIN during most of working life, even if religed) Marine Engineer (Retir	- 4	Washing to:		12. CITIZEN OF WHAT COUNTRY			
	13. FATHER'S NAME Everett J. Delles		14. MOTHER'S MAIDEN NAME Elizabeth C	emphel l				
	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOF		NFORMANT	Dallas-4023	Mt.Rainier,Md 37th Street			
	18. CAUSE OF DEATH [Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	for (0). (b). and (c).]	Edema		INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-tying couse lost.	unic Co	iondry Ins	uffecciny	1 year			
j.	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	INCASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY HERFORMED? YES NO X			
		BE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I	or Part II of stem 18)				
	20c, TIME OF INJURY Month, Doy, Year 20d, INJU White of work	_ Not while for	ACE OF INJURY (Home, form, 20) tory, street, office bldg., etc.)	(City or town)	(County) (Stole)			
	21. I certify that I attended the deceased from JULE, 1950, to Alpt , 1957, that I last saw the deceased alive an elect 13 , 1951, and that death accurred at 5 1000 M, fram the causes and on the date stated above ACTUAL Benjamin & Miller MD. 3824-344 Mt Remus 450 (3/95)							
	PHYSICIAN'S Benjamin S. Mi							
	PENCOVAL (Specify)	Arling ton	National Cen.	Arling ton,				
	23. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Co 2901	MthSt., N.	W. Wash DATE DATE	REGISTRAR 246. REGISTRA	R'S SIGNATURE			

may loned by the transfer of the state of th TO FU VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

BUREAU V. &

2561 91 d3S



ARYLAND STATE D	EPARTMENT OF	HEALTH-BALTIMORE, 1	8
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9774 CERTIFICATE OF DEATH

8 09772 Reg. Dist. No.

92													
	PLACE OF DEATH	NCE GEORGES		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MD. b. COUNTYPRINCE GEORGES							
	B CITY OR TOWN (I	b CITY OR TOWN (If outside corporate limits, write RURAL and give percent town) CHEVERUS						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X 2 COTTAGE CITY					
1	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION PRINCE GEORGES GENERAL HOSPITAL				TAL	, d. STREET A		l - 37	th. AVE.		0	RESIDENCE	
	3 NAME OF DECEASED (Type or print)	J C	HN	Middle		DEAN [®] los	ł	4. DATE OF DEATH		EMBER	Doy 24	Year 19 57	
	5. SEX MALE	WHITE	WIDOWE		ED 🗆 S	EPT . 2	L, 189		9 AGE (In years land-pirihday) 94 yrs	Months	VEAR IF U	NDER 24 HRS.	
FOR	during most of work	ON (Give kind of work ling life, even if retired	done 10b.	KIND OF BUSINESS (OR INDUST			n D.			S A	HAT COUNTRY?	
اهسير	13. FATHER'S NAME Juliar	W. Deane	-			14. MOTHER'S	MAIDEN N						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yest, no. or unknown) (If yes, give wor or dores of service) 578 10 5762 Vivian M Deane Cottage City Md.													
	18. CAUSE OF DEA	TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (a), (b), and (c)	but.	- ډخروغ	lad	i; He	art Da	- A A		L BETWEEN IND DEATH	
	Conditions, if a	mmediate (Ceo-c	le	Cole	=5		7				
	cause (a), stating lying cause last.	the Under-											
	2	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PART	PE	AS AUTOPSY REGRMED?	
	THER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	OCCURRED.	(Enter noture of	injury in P	ort I or Por	t II of item 18.)				
	20c, TIME OF INJUR Hour e. ji. p. m.	Y Month, Day, Ye	20d. It While at worl	Not while	20e. PLAC facto	E OF INJURY (I ry, street, office	lome, form, bldg., etc.)	20f. (City	or town)	{ C	ounly)	(State)	
	21. I certify the	at I attended the	decease	ed fram	i death o	ccurred at	to	9/	24 1957	that	ast saw t	he deceased	
7	ACTUAL SIGNATURE	e Do	e f		М.	0. 1k	co H		rest, city or town		9-	DATE SIGNED	
1	PHYSICIAN'S NAME (Type)	A Deitz		5			lyatt	svill	e Md				
	22a. BURIAL, CREMATIO REMOVAL (Specify)		F	22c. NAME OF CEN			1		ION (City, town,		(State)	
	Burial 23. FUNERAL DIRECTOR	19/27/57 S SIGNATURE		Fort Li	ncoln	Cemete		Colm by tects	ar Mano	r, Md.	NATIOE		
		Sons Hyat	tsvi				DATE	W PEOP		- Edite	1		



BUREAU V. L

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
*		9775 CERTIFICATE OF DEATH	9773					
I director, filted with		PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Wither deceased lived) If institution: Residence a. STATE b. COUNTY b. COUNTY C. CO	before admission)					
E S S		S) CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and git R	ve nearest (glwn)					
by the f	d NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION THE STREET ADDRESS d. STREET ADDRESS HHOSPITAL (If not in hospital, give street address) HHOSP HOSPITAL (If not in hospital, give street address) HHOSP HOSPITAL (If not in hospital, give street address) HHOSP HOSPITAL (If not in hospital, give street address)							
in and in an	3.	NAME OF DECEASED (Type or print) A 11 11 2	Day Year 11/- 1957					
ad within pletely fi	5		YEAR IF UNDER 24 HRS Days Hours Min.					
Pope		Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BARYAPLACE (State or foreign country) A Cash and Company Co	ZEN OF WHAT COUNTRY?					
13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address /								
ng phys e remav 72 hou	120	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Address 579-0128 Characteristics Address Address Address Address	Meville					
attending attending in please re t within 72		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) The carry and Early start for the cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSEL AND DEATH					
that the by the it. The it oven		/ 50 X DUE TO Conditions, if any, which) (b)	72/5					
an. signed sit perm		gove rise to immediate couse (a), stating the under-lying couse last.						
physicio as been ial-trans ioval, ai	MOITAN		I(a) 19 WAS AUTOPSY PERFORMED? YES NO [4]					
IAN: The Fording fileste he for rem.	CEDTIE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port 11 of item 18.) OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1000					
al or at this cert is use as emation	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. n. 19 While Not while of work of two work of work 19 Not wor	ounty) (State)					
NDING e hospil i: After iched fo urial, cr		21. I certify that I attended the deceased from Cong. 1, 195 to 1, 195 7, that I lo alive an 195 7, and that death occurred at 3 P. M. from the causes and an thi						
RECTOR be deto ior to b		ACTUAL SIGNATURE ADDRESS (Street, city or town, stote)	DATE SIGNED					
taine L DI Dudd Strar pr		PHYSICIAN'S R.S WILLIAMS Start 1, ale	9/14/5					
mor bodg		Ro. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) REMOVAL (Specify) 27d. LOCATION (City. town, or county)	us Ind.					
VS A15 (4) 15M 9/55	7	allers Funeral Home, Mr. Raining 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE TO THE PROPERTY OF THE PRO	NATURE					
	1	Inc. ms. (luf. m.)						

DECENALED

FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09774

		9834	Reg. Dist. No.
	1. P	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived It institution: Residence before admission)
		United (LOST) OF MARYLAND	· STATE Chestre ch of Counties and -ca.
	Ъ	CITY OR TOWN III outside corporate on is write RURAL C CENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		tart tonce chance	1) ashington
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS TA A TO ON A FARM?
		Jalona Liner	329-11 Micel JUL, YES I NOTE
		NAME OF First Middle	A. DATE Month Doy Year
		Type or print) I (C V en) tremmers x	CLERCAROPEATH ALL ST 2.2 19.3
•	5. SI	6 COLOR OR RACE / MARRIED NEVER MARRIED 8	DATE OF BIRTH 9 AGE for your Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of worl/done 106 KIND OF BUSINESS OR INDU	
/	d i)	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDU	Vinginia 71, 5, 6
	13.	FATHER'S NAME	14 MOTHER'S MA DEN NAME
	7	Danjamen (la sandelliete Crison	Esther Laternadege
			FORMANT Address / 1/19-1/17 A 61
7)	1,104	LL (If you give war at dates afferince)	V Bousie Center Top to to X 2
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	UNTERVAL RETWIFEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CLO 1 Share Cause	
		DUE TO	The state of the s
/		Conditions, if any, which) (b) of a 12 the	1
		gave rise to immediate couse	
		to, toling the underlying	d
	z		OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PAPT 1(0) 19, WAS AUTOPSY
-	CATION	And the second s	PERFORMED? YES NO IT
		200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (En	iter nature of injury in Port I or Part II vol Hem 18)
	CERTIF	PRIMARY DIGI CONTRIBUTING DI TOUR DE LA CONTRIBUTING DI TOUR DE LA CONTRIBUTING DI TOUR DE LA CONTRIBUTION DE LA CONTRIBUTION DI TOUR DE LA CONTRIBUTION DE LA CONTRI	tugbent it never
	3	20c TIME OF INJURY Month, Doy, Year 20d INJURY/OCCURRED 20e PLACE	E OF INJURY (Home, form, 120f (City or town), (County) (State)
	WEDICAL	2 Hour p.m. 9-25195 While Not while of Sector p. m. 9-25195 of work 1 Si work	ry, street, officelbidg., etc.)
		21. I certify that I taok charge of the remains described above	
		apinion death resulted fram: Natural causes 🔲, Accident 🛭	Suicide [], Hamicide [], Undetermined manner []
		1	DATE SIGNID
		ACTUAL SIGNATURE SIGNATURE SIGNATURE	.M.D. CHIEF MEDICAL EXAMINER
		EXAMINER'S	ASSISTANT MEDICAL EXAMINER
	700	NAME (Typols) 41-183 1 100 ycl	DEPUTY MEDICAL EXAMINER A ACTO 128,143
	770	BURTAL, CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR C	CREMATORY 22d LOCATION (City, flown, of county) (State)
	-	Sural / 1/0/ Later	me sullaur ma
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	1	V.M. Gambles a 3/1/1	TIST STORT A 157

TO DEMUTY MEDICAL MIXAMINER: This certificate whould be mixecuted within 24 hours ofter death. If any delay is necessary, please executivate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shirter be forwarded to the Chief Medical Examiner. Office along with farm PM3. Page 5 may be made for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the late Baard of threatify, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after destin VS. A15ME 5M 2/57

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BUREAU V. S.
OCT 3 1957

1 /		MARYLAND STATE DEPART	MENT OF HEALT	H-BALTIMORE, 18	. 09776
4	ł	9777 TEETCERTIFIC	ATE OF DEAT	ilmG220 9-24-57 e	. Dist. No.
Page 4	1. [PLACE OF DEATH 2. COUNTY Prince Georges MARYLANG	O STATE	Vhere deceased lived. If institution: Re	
_ 4 1/2		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1)		autside corporate limits, write RURAL	
funeral led be		RURAL and give nearest town) Cheverly 21 Days	College Pa	rk, 14	
聖 章 77		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	_ /	e. IS RESIDENCE ON A FARM?
aurs and 2		Prince Georges General		vahoe St.,	YES NO X
Z		NAME OF First Middle DECEASED (Type or print) Robert	Don ed og	4. DATE Month OF DEATH Sept	Doy Yeor 15 19 5
thin y fill age	5. 5		Douglas B. DATE OF BIRTH		NDER I YEAR IF UNDER 24 HRS
s. P		Male Negro WIDOWED DIVORCED	2-14-08	last birthday) Mon	the Days Hours Min.
comp dahi.	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired]	SUSTRY 11. BIRTHPLACE (State	te or foreign country) 12	CITIZEN OF WHAT COUNTR
I death		Pastry Cook	Rockhil	11, S. C.	U.S./A.
an on on or	13.	FATHER'S NAME	14. MOTHER'S MAIDEN		
rsicio ove o urs o	1,5	Ephenfon Douglas was deceased ever in u. s. armed forces? 116. social security No. [17	Georgianz	ne Douglas	
ertif g phy remo	(Ye	(If yes, give war or dates of service)	, informates	Addiess	
ath anding		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
after after with		PART I. DEATH WAS CAUSED BY. M. O. D. LILL	· Dul am	bolesus	ONSET AND DEATH
the The		10× DUE TO	1 1 - 1	1) 1-0	,
a tho		Conditions, if any, which) (b) Scripe x	22 mxalu	nigher hozel	
equires		gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO C C C C C C C C C C C C C	tectory	, , ,	
faw rangerick been been throng of, a	TON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN IN	PERFORMEDY
The g ph has has urial	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	PEC) /Fater poture of injury in	n Port I or Port II of item 18.1	YES NO
AN: endin ficate the b	CERT	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	uras (rings masses as miles)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
r att	MEDICAL		PLACE OF INJURY (Home, far factory, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
THE COLOR OF THE C	MED	Hour a. st. p. m. 19 While Nat while of work at work			
ING aspirer of for		21. I certify that I attended the deceased from 2	23, 1957, to_	9/13, 1957, the	at I last saw the deceas
END he he ache buric		alive on 19 19 and that de	th occurred at 1133	DAM, from the causes and a	
R ATTI		ACTUAL SIGNATURE SIGNATURE SIGNATURE	Mo 43001	ADDRESS (Street, city or town, start)	P 9-16-57
TAL O	L	PHYSICIAN'S SAMUEL V. N. SUGAR	M	- PAINIER	, Md.
osp negi	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	OR CREMATORY	22d AGCATION (City, town, or cou	inty) (Stole)
OHO FOR Page The re	A	Buch 9/00/5/ W107 Xa	ww	Denning 1	CO A C
VS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		C'D BY REGISTRAR 245. REGISTRAR	2 2IONATORE
15M 9/55		AUTHORITY TEMPLENO 48047	De Clerk DATE	9 57	<i>y</i>





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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(State)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIRECTOR:

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BUREAU V. !

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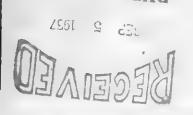
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loge	1	rector!	od with	>
er dimth.		e funeral di	ould be file	
24 hams off		d in by the	land 2 sh	
ited within 1		mpletely f	pers. Poly	
ite be enecu		tion and car	carbon pay	ofter cleath
ath certifica		nding physic	ease remave	hin 72 hours
that the de		by the atte	it. Then pl	tiw then you
aw requires	/sicion.	been signed	transit perm	o at boo to
CIAN: The	ttending ph	lificate has	s the burial	Somer no n
ING PITTS	taspital ar o	After this cer	ed for use a	of cremotic
OR ATTENI	ned by the b	MRECTOR: A	d be detach	prior to hive
O HEIRIAGE OF ATTENBING PHYSICIAN: The law requires that the death certificate be elecuted within 24 halls after delth: Rage	may be retained by the haspital ar attending physician.	O FU AL DIRECTOR: After this certificate has been signed by the attending physician and completely for the funeral directors.	age 3 shaul	the registrat origin to busing exemption or removal and to any event within 20 hours often death.
0	E	0	0	-

VS A15 (4) 15M 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
	9779 CERTIFICATE OF DEATH Reg. Dist. No.									
	1. PLACE OF DEATH D. COUNTY	ه اا	USUAL RESIDENCE (Who		If institution Residence	(esidence before admission)				
	Prince Georges	MARYLAND	Maryland Prince Georges							
	RURAL and give nearest town)		c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest lown)							
	d NAME OF HOSPITAL (If not in hospito), give street of	6 days								
7	Prince Georges General E		d STREET ADDRESS 10 S Pl	ateau Pl	L.	•. IS RESIDENCE ON A FARM? YES NO K				
	3. NAME OF First	Middle	Lost	4. DATE OF	Month	Day Yeor				
	(Type or print) LOUISE		Eastman	DEATH	Sept.	3 19 57				
	5 SEX 6. COLOR OR RACE 7. MARRIE		TE OF BIRTH	lasty	birthday) Months Do	TEAR IF UNDER 24 HRS				
	Female White WIDOWED		Sept 1882	174	Y	N OF WHAT COUNTRY?				
1	100 USUAL OCCUPATION (Give kind of work done 10b KI during most of working life, even if retired) House wife Ov	WIN Home	Maine	r foreign country)	foreign country) 12. CITIZEN (
Ę	13. FATHER'S NAME	14.	. MOTHER'S MAIDEN NA	AME						
-	S.S. Penney		Unk/							
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC [Yes. PROC unknown] Iff yes, preprior or dates of service)	None Ruth	MANT 1 Mac Kenzi	e San	Address ne as # 2					
	18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c) PART I. DEATH WAS CAUSE DRY: IMMEDIATE CAUSE (o) PROPERTY PART II. DEATH WAS CAUSE DRY: IMMEDIATE CAUSE (o) PROPERTY PART II. DEATH WAS CAUSE DRY: IMMEDIATE CAUSE (o) PROPERTY PART II. DEATH WAS CAUSE DRY: IMMEDIATE CAUSE (o) PROPERTY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO PERFORMED TO CONTRIBUTING CAUSE OF DEATH PROPERTY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO PERFORMED TO CONTRIBUTING CAUSE OF DEATH PROPERTY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO PERFORMED TO CONTRIBUTING CAUSE OF DEATH PROPERTY PART II. OTHER SIGNIFICANT PART II. OTHER SIGNIFICANT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING COUNTY PROPERTY PART II. OTHER SIGNIFICANT PART I									
220. BURIAL, CREMATION, 220. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Refmoval Specify) 9/3/57. Leete Funeral Home Guilford.						(Stote)				
	23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyatts	ADDRESS Sville, Md.	240 RSE	BY5REGISTER	Conn.	TURE				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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DECENT EN

. 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	1 -
17		9752 CERTIFICATE OF DEATH Reg. Dist. No. 19784	F
director.	N	1. PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) STATE COUNTY MARYLAND	es-
where!		b. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	_
s after 2 shou		d NAME OF HOSPITAL (I) not in hosping give street oddress) OR INSTITUTION ON A FARM YES □ NO.	E ?
24 hou		3. NAME OF DECEASED (Type or print) EDITH LURA Middle EMACK OF DEATH LOST 19	57
d within letely 6 s. Pos	T	5. SEX F 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN years 1 FUNDER 1 YEAR 1 FUNDER 24 H last brithday) WIDOWED DIVORCED WIDOWED TO DIVORCED Months Days Hours Mir	_
ond cample ond cample bon papers, or death.	4	100 USUAL OCCUPATION (Give And of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Bole or foreign country) What Country 12. CITIZEN OF WHAT COUNTRY COUNTRY (II. BIRTHPLACE Bole or foreign country) What Country (II. BIRTHPLACE Bole or foreign country) What Country (II. BIRTHPLACE Bole or foreign country) What Country (II. BIRTHPLACE Bole or foreign country)	ITRY?
icion or e corbo	·	13 FATHER'S NAME LIVE French 14 MOTHER'S MAIDEN NAME Ellen E. Rhelps	
certific ng pliys remov 72 hour	5	15 WAS BECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT (I've. no. or unknown) (I' ye, aim wor or dotten of service) None: School Security No.	L
attention of the state of the s		18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: (MMEDIATE CAUSE (o)	
that the by the it. The ry even		450,0 DUE TO GENERALIZED ARTERIOSCIENCES	
requires		gove rise to immediate couse (a), stating the under-lying couse last.	
physicic os blien iol-tron	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOP PERFORMED? YES NO	
IAN: TI rending fricate h the bur , or rem		200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAUS	
PHYSIC al or oth his certi use as emation		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	ote)
ADING Political Affeit to		21. I certify that I attended the deceased from 2 . 195, to 1957; that I last saw the deceased alive on 1957, and that death occurred at	
A ATTE	,	ACTUAL SIGNATURE M.D. 47/3 - /Zeewan 76/94	SNED.
ITAL O	/	NAME (Type) W.C. ET, ENIE College Dary, My	/
moy FU Pag		220. BURIAL CREMATION. 22b. DATE THEREOF St. John's Cemetery Peltsville, Md. (Stole)	<u> </u>
5 5 7=	· N	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	
VS A15 (4) 15M 9/55	1 10	F. Gasch's Sons Hyattsville, Maryland James Serger	
	-	9 1957/	

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09782

CERTIFICATE OF DEATH

	9780	CERTII		. OI DEAII			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Prince	Georges	MARYLA	II.	o STATE MARYLAND	here decease	d lived If institution b. COUNTY	on. Residence	before odmi	
b CITY OR TOWN RURAL and give	(If outside carporate limits, write nearest town)		16	c. CITY OR TOWN (IF	outside corpo	role limits, write R	URAL and give	e negrest to	wn)
Cheverly	Md.	8 Hrs	3	Cheverl	y				
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stre	et oddress)		d. STREET ADDRESS				# IS R	ESIDENCE A FARM?
Prince (Georges General			6007 Fore	st Rd.	·		YES	NO 3
3. NAME OF	First	Middle		Last	4. DATE OF	Mon		Day	Year
(Type or print)	Laurenc		ield:	ng	DEATH	Sept	23		19 57
5. SEX	6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED	☐ B. D.	ATE OF BIRTH		9 AGE (In yours los birthday) 64 yrs.	Months D	YEAR IF UN	7
Male	11220 - 0	WED DIVORCED	- [-	9-5-93			THIS IN THE	DJS HOUR	Min
 USUAL OCCUPAT during most of wo 	ION (Give kind of work done 10 orking life, even if retired)	b. KIND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (Stole	or foreign o	ountry)	12 CITIZE	EN OF WHA	AT COUNTRY
Retired I	Mailway Mail	Clerk		Virgin	ia			U.S	. A.
13. FATHER'S NAME	N		14	. MOTHER'S MAIDEN I					
	F. Fielding			Laura A	llen				
15. WAS DECEASED EV (Yes, no. or unknown)	/ER IN U. S. ARMED FORCES? (If yez, give war or dates of service)	6. SOCIAL SECURITY NO	Lau	rence F.	Field	Addi		verl	
	EATH [Enter only one couse per EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	M	Oscil	use	en		INTERVAL I	BETWEEN IN BEATH
Conditions, if gove rise to couse (o), stoling	immediate DUE TO	Corona	4	alhero	rele	aser		Vn	kner
ICATIO	THER SIGNIFICANT CONDITION						'EN IN PART I	PERF	S AUTOPSY FORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCC	URRED. (E	iter nature of injury in	Port I or Por	t II of item 18.)			
20c. TIME OF INJU Hour a. p. p. m.	. 10 Whi		e. PLACE foctory.	OF INJURY (Home, form street, office bldg , etc	n, 20f. (City :.)	or lown]	(Cou	unty)	(Stote)
21. I certify to alive an	21. I certify that I attended the deceased from JOM 1953, 19 to Dept 23, 195 That I last saw the deceased alive an 23 to 195 And that death accurred at 8:05PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED								
ACTUAL SIGNATURE	John K	ehol	M.D.	Chev	ely	Mos		9/2	4.157
NAME (Type)	Dr. John Kehe		-						
220 BURIAL, CREMATI REMOVAL [Specify	ØN, 226. DATE THEREOF	22c. NAME OF CEMETE	RY OR CR	EMATORY	22d. LOCA	TION (City, town, o	or county)	(\$1	ate)
Burial	9/26/57		oln	Cemetery	Prir	ce Geor	eges. C	0.	Md.
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	/	24a. REC'	D BY REGIST	RAR 24b. REGIS	STRAR'S SIGN	ATURE	
W. N.1	Lines Or 7.9	M-14N.	916	DATEED	2.5 '57	100			

may be retained by the haspital ar attending physician.

TO FUN. * DIRECTOR: After this certificate has been signed by the attending physician and campletely fillible in by the funeral director, and the funeral director.

To FUN. * DIRECTOR: After this certificate has been signed by the attending physician and campletely fillible in by the funeral director, and a should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be exceuted within 24 hours after district displayed VS A15 (4) 15M 9/55

BUREAU V. Z.

DECEINED AND

1		MARYLAND STATE DEPARTMENT OF HEALTH—BA	LTIMORE, 18 ()9783			
	2 (3) CERTIFICATE OF DEATH					
7 85	_		Reg. Dist. No.			
directs directs		PLACE OF DEATH D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decease) O. STATE MARYLAND	b. COUNTY (Leuco)			
g al		b. CITY OR TOWN If gutside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give peoplest town)	porate limits, write RURAL and give pearest touth)			
urs after de by the fun id 2 shavid		d. NAME OF FROSPITAL (If not in hospital), in street oddress) OR INSTITUTION (If not in hospital), in street oddress) Jen. 145 D. 4707-60	the Pl. S. RESIDENCE ON A FARM? YES NO S.			
n 24 ha		NAME OF DECEASED (Type or print) Nidded Middle File Lost OF DEAT	H Sept, 11 1969			
d withil ofesely is. Pog	5.	Temale white widowed DIVORCED 8. DATE OF BIRTH 5 1910	9 AGE (In years IF UI DER 1 YEAR IF UNDER 24 HRS Months Days Hours Min			
execute and camp in popel death.	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign during most of working life, even if retired)	country) 12 CITIZEN OF WHAT COUNTRY,			
ate be expanded corban	/3.	FATHER'S NAME William Hannal 14. MOTHER'S MAIDEN, NAME Statlie	Gilmore			
ng phys e remay 72 hour	15 (Ye:	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Charles a: Fille	y Landorer Hille Ind			
leath endi		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN			
the att Then p		PART I. DEATH WAS CAUSED BY: 170 X IMMEDIATE CAUSE (6) CAITCIN 0 4A DUE TO	SREAST ONSET AND DEATH			
I by		Conditions, if any, which) (b)				
requires		gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)				
physicians beer interpretation and a physicians beer interpretation and a physicians bear interpretation and a physicians	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED? YES NO 1			
tending ifficate if the burn, or ren	L CERTIFIE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Par	art II of item 18.)			
PHYSIC tal ar al this cert r use as rematiar	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a. ft. p. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHame, farm, 20f (Ci foctory, street, office bldg., etc.)	ty or town) (Caunty) (Slate)			
ing or print of the rest of th		21. I certify that I attended the deceased from Common 1954, to 9-1	/			
END he h R: A och buric		olive on 9-10, 1951, and that death occurred at 10.54, M, fro	om the couses and on the date stated above.			
ATT by 1 CTO CTO del		ACTUAL / // // P D V/	(Street, city or jown, stole) DATE SIGNED			
Prio page		SIGNATURE M.D. DOTO MORENO	2 SV Amadol, May 9-11-51			
TAL Pour trar		PHYSICIAN'S Albert Roth				
moy be page 3 the regis	220	PRINTIAL CREMATION, 22h. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. NO.	ATION (City, town, or caunty) (Stoke) md			
5 5 0 =	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4 240. REC'D BY REGIS	STRAR 246. REGISTRAR'S SIGNATURE			
VS A15 (4) 15M 9/55	_	7 Hack sons Hyattsville In DATE.	- Carl -1			
		J Sep 150	CONTENSION.			

SECEIVED SEC

BUREAU V. 3.



OCT 16 1957



09784 9783 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 LISUAL RESIDENCE (Where decensed lived. If institution: Residence before admission) COUNTY b. COUNTY Inc e Georges Warvland be filed MARYLAND PrinceGeorges S.C. b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Should 9 Days Seat Pleasant. Chaverly d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? 502 68th Pl. Prince Georges General YES NO T MAME OF First Middle 4. DATE Lost Month Day Year DECEASED OF DEATH 57 (Type or print) Sept Fones 10 Harry 5 SEX A. COLOR OR RACE 7. MARRIED W NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE IIn years completely lost birthday) Months July 1. 1881 Doys Hours WIDOWED [DIVORCED | Dapers. 100. USDAY OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY Retired - Adjudicator - Vet Adm. U.S.A. Virginia puo pou 13 FATHER'S NAME offer 14. MOTHER'S MAIDEN NAME Henry H. Fones IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT 68th Fone s-a na ROV Maryland IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ᇹ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO MOI å permit. Canditions, if any, which (b) gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES I NO X 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c, TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Store) factory, street, office bldg., etc.) O. Ft. While Not white at work at work p. m. JEP 21. I certify that I attended the deceased from that I last saw the deceased P.M. from the causes and on the date stated above. and that death occurred at DIRECTOR: ACTUAL SIGNATURE ould blue PHYSICIAN'S Max M. Herzberg --7016 Greig Street. Seat Pleasant. Md. NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Prince Lincoln Cemetery Georges County, Md. 0 Wash . D. C. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE S.H. Himes Co.-2901 St. N.W. 14th DATE

death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

SEP 17 1957

	Am		MARYLAND STATE DEPARTMENT		050~
		-	em 14. Film G220, 9/25/57 fcCERTIFICATE (OF DEATH Reg. Dis	9785
dispetar	Hed with		LACE OF DEATH COUNTY 2. USU.	AL RESIDENCE (Where deceased lived If institution, Residence	
neard,	2 ×	r	RURAL and give nearest fown)	ITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
the fu	S should	H	DI INSTITUTION	HYAHS UI IIC STREET ADDRESS 1441 1744 AVL-	e. IS RESIDENCE ON A FARM?
HOWES	puo		IAME OF FIRST Middle	Last 4. DATE Month	VES NO Day Year
		5.	Type or print) (DANLES 18 FR)	Edman DEATH SPOT	2/ 19 5 7 YEAR IF UNDER 24 HRS.
September 100	i i		MALE white WIDOWED DIVORCED J	4415/1882 75 Frs. Months	Days Hours Min.
axecula d com		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. during meet of working life, even if retired) SALES MAN Dept. Store	BIRTHPLACE (Stole or foreign country) [12. CITI	ZEN OF WHAT COUNTRY?
in the ext	offer d	13.		OTHER'S MAIDEN NAME	
de de la constant de	72 hours		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 THFORMAI no or unknown) (If yes, give wor or dates of service)	Bert Breedman Address H	yattavilles.
andin a	ithin		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
2011	Then p		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Shock And Pulm	on they edema	1/2 hrs.
	ally e		Conditions, if any, which gove rise to immediate (b) Myocardial /	nfarction due thrombosic	6 hrs.
on.	nd in		cosse (a), stoting the under- lying cause last (c) CORONARY ALTERIO	scleesie	3 Years
physicic	ial-tran	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED? YES NO
ending firsts t	the bur	CERTIFI	200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING COURTED. (Enter 1) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	noture of injury in Port I or Port II of item 18.)	
al ar att	matian	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While Not while at work of work	NJURY (Home, form, et, office bldg., etc.) 20f. (City or town) (Co	ounty) (Stote)
e hospit	ched fa		21. I certify that I attended the deceased from Fuly , 1 alive an Sept 21 , 19.57, and that death accurr	19.56, to Sept 21, 19.57, that I ke ed at 3.55 M, from the causes and on the	ast saw the deceased
by Ib	or to		The state of the tele	ADDRESS (Street, city or town, state)	DATE SIGNED
retained	trar pric		PHYSICIAN'S LOOP R. Levitsky M.D	- 272 \$ 140 as + SIMA, ME	Rhibien, 41d Sept 21,145
nay be		72	BURIA., CREMATION, 226. DATE THEREOF REMOVAL (Specify) 7-28-57	TORY 278 LOCATION (C ty Jawn, or conty)	(Ja)
VS A1	5 (4)	23,	UNERAL DIRECTOR'S SIGNATURE SONS - Wash. D.C.	245 ASC O. BY REGISTRAD 246. REGISTRAR'S, SIG	NATURE
		4			



BULLEAU V. S.

9		9785 CERTIFICATE OF DEATH Reg. Di	19.786244
director filed with	1.	PLACE OF DEATH ONLY NCF GEORGE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE VQ. b. COUNTY DECEMBER OF THE PROPERTY	
funerol funerol wild be	-	B. CITY OR TOWN (If autside carporate limits, write RURAL and give procest fown) RIVER DALE C. LENGTH OF STAYIN 16 C. CITY OR TOWN (If autside carporate limits, write RURAL and give procest fown) Trangle 83	*
bours offer and 2 sho	7	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ELAND MENIORIAL CONTROL OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO N
hin 24 h		NAME OF DECEASED (Type or print) SEX 16. COLOR OF RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIRTH 19. AGE (IM years IF UNDER 1	Doy Year 13, 1957 YEAR I F UNDER 24 HRS
T Personal Market		T WIDOWED DIVORCED 7-19-1895 (62 yrs. Manths	Doys Haurs Min. ZEN OF WHAT COUNTRY?
ond co		FATHER'S NAME A 14 MOTHER'S MADEN NAME \	4.5.A.
ificate E hysician nove car ours afit	15	William Bride Well addie Garrison. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address	
oth certification of the service of	(Ye	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	le Jul -
the der the other then ple ent with		PART I DEATH WAS CAUSED BY AND THE COUNTY OF	ONSET AND DEATH
ed by tremit. Tony ev		Conditions, if any, which gave rise to immediate (b) Gillera (Cilculation)	2420
icion icion cen sign cesi pe	Z	cause (a), stoting the under- lying cause last (c) (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19 WAS ALITOPSY
The formal physical p	IFICATION		PERFORMED?
ortending of the Road or or r	CAL CERT!	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ounty) (State)
G PHY bitol or rr this ca for use cremoti	MEDICAL	Haur a. m. p. m. 19 While Not while of wark	
TENDIN the hose stocled burrol,		21. I certify that I attended the deceased from 11. 19.57, to 19.57, to alive on 19.57, and that death accurred at 5. The M, from the causes and an the ADDRESS (Street, city or town, plate)	
OR ATI		ACTUAL SIGNATURE M.D. Reverable Med	9-13-5
SPITAL retoi Since sgistrar	220	PHYSICIAN'S NAME (Type) BURIAL CREMATION, 22A DATE THEREOF 22c, NAME OF CENETERY OF CREMATORY 22d LQCATION (City, toyn, or county)	
moy To Fuy	1	PREMOVAL (SPECIFY) 9/16/57 Themfree employ Thinfree FUNERAL-DIRECTOR'S SIGNATURE ADDRESS 1240-REGISTRAR EAD REGISTRAR'S SIG	(Stole)
VS A15 (4) 15M 9/55		Francis sons Hyattsville Mil 1957 Jam	eslevery

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



. 1	. 3		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
17.	3	×.	9836 CERTIFICATE OF DEATH Reg. Dist. No. 1978745
. Poge I director. filed with	M	1.	PLACE OF DEATH Prince George Maryland 2. USUAL RESIDENCE (Where deceased lived H institution: Residence before admission) b. COUNTY B. NCE LIFO.
r death funeral			CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town) RURAL and give nearest form) HVATTVIA : 45 W (RIPAL) X HIVATTVIA : 45 W
urs after by the f d 2 shou			d. NAME OF HOSPITAL (If not in hydpital, give street address) OR INSTITUTION . IS RESIDENCE ON A FARM? YES NO
n 24 ho			NAME OF DECEASED HATTIE MARY LIBER DEATH Sept 27 1957
d with		5.	TO WIDOWED DIVORCED OCT 30 1887 GO Yrs. Months Doys Hours Min
execute ind comp on pome death.	1		. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? AMESTIC A
icate be	3)		SAMUEL H. STITT ELLE E. CAMBBELL
ing why	0		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address
he death a attend an pleas at within			18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTISS TO LIVER. & LUN ONSET AND DEATH IMMEDIATE CAUSE (a) METASTISS TO LIVER.
gned by the permit. The			Canditions, if any, which gave rise to immediate couse (a), stating the under DUE TO DUE TO Canditions, if any, which to the course (b) CARLINOMA OF STOMACH 17 months DUE TO
ow re-		NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
The I phy e has buriol-	0	CERTIFICATION	YES NO ACCIDENT WAS UNDERLYING TO 20th DESCRIPE HOW INJURY OCCURRED. (Fater nature of injury in Part Lot Part II of them 18.)
attendi rtificol os the on, or			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (Stote)
tol or this ce or use remoti		MEDICAL	Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or fown) (County) (Stote) 20f. (City or fown) (County) (Stote) 20f. (City or fown) (County) (Stote) 20f. (City or fown) (County) (Stote) 20f. (City or fown) (County) (
ha hospi	ignal .	1	21. I certify that I attended the deceased from MAKCH., 1936, to SEP+ 77, 1957 that I last saw the deceased alive on SEP+ 77, 1957 that I last saw the deceased alive on SEP+ 77, 1957 that I last saw the deceased above.
ne by f	1		ACTUAL SIGNATURE WHILESON M.D. 509 R. J. Grace IVW 9-27-57
PITAL Trioni Synoul gistror		272	PHYSICIAN'S M.S. HUDSON WASHINGTON DC
may b O FUN Page the re		L	SURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22b. DATE THEREOF REMOVAL (Specify) 22d. LOCATION (Circ town, or county) (Stole)
VS A15 (4) 15M 9/55		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
		-	



NOT A TELLET

within 114 hours after

death certificate

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

2**56** 6 1957

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 9749 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY Prince George's o. STATE Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) College Park, Md. College Park, Md. 34 years within 24 hours ofter d. NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION
8510 Baltimore avenue. d. STREET ADDRESS 8510 Baltimore avenue... NAME OF Middle DATE DECEASED (Type or print) Cunningham Gingell Lawrence 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX DATE OF BIRTH March 6, 1879 male white WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Maryland & general store self Auto 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Gingell Mary Lowe remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Clara M. Gingell 18. CAUSE OF DEATH [Enter only one couse per line for (a) 1b) and (c). PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year factory, street, office bldg., etc.) a. n. Not while al work al work 21. I certify that I attended the deceased from that death occurred of 6 olive on ACTUAL SIGNATURE **MOSMITAL** PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY FUN REMOVAL (Specify) Fort Lincoln Cemetery

ADDRESS

Hyattsville Maryland

0

23. FUNERAL DIRECTOR'S SIGNATURE

Gasch's Sons

September 24, 57. 10 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS (del pirthay) Days 12. CITIZEN OF WHAT COUNTRY? $II \cdot S \cdot A$ Address College Park, Maryland. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? (County) (Slate) 19......that I last saw the deceased M, from the causes and on the date stated above. 22d. LOGATION (City, lawn, or county) (Stote) Colmar Manor. 24o, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

Reg. Dist. No.

b. COUNTY Prince Georges

ON A FARM?

YES TI NO F



BUREAU V. S.

VS A15 (4) 15M 9/55 H

	MARY	AND ST	ATE DEPA	ARTM	ENT OF HE	ALTH-	-BALT	IMORE, 1	8			
Items 7, 1	ll, 12, Fi	llm G22	1, CEPT	IEIC/	ATE OF DE	ATL				097	290	
	97	26	CERT	IFICA	AIE OF DE	АІП			Reg. D	ist. No.		
PLACE OF DEATH		.			2. USUAL RESIDEN	VCE (When	re deceased	lived. If institution b. COUNTY	n: Resido	nce befor	e odmissi	on)
	e Georges			YLAND	Maryla			Princ		orge		
b. CITY OR TOWN (If RURAL and give near	outside corporate limi rest town)	h, write c. l	ENGTH OF STAY	r IN 1b	c. CITY OR TO	WN (IF oul	side corpor	ote limits, write Rt	JRAL and	give nea	rest town)	
Chev			12 days			land						
d. NAME OF HOSPITA			ess)		d. STREET ADDRESS							DENCE FARM?
	orges Gene	ral Hos	ppaal		3158 Parkway Ter YES NO							NO 🗆
NAME OF First Middle				e	Lost		4. DATE OF	Moni	h	Day		eor
(Type or print)	Caroline						DEATH	Sept		28		957
	6. COLOR OR RACE				B. DATE OF BIRTH			9. AGE (In years lost birthdoy)	Months	Days	Hours	Min.
Female	White	WIDOWED [23 Jan 1			81 yrs.				
during most of worki	N (Give kind of work on ng life, even if retired)	ione 10b. KINE	OF BUSINESS	OR INDU				_	12. C			COUNTRY
L FATHER'S NAME	, //				Wash.			. C.		U.S	4,	
PATHER'S NAME	1 4		011		14. MOTHER'S MA	AIDEN NA	WE	00	- A	. y	er	,
WAS DECEASED EVER	IN II S APAGO SOD	10-1	IAL SECURITY NO	0. 17. 0	NFORMANT	الما	a	200			/	
	yes, give war or dates of si		ML SECURITE PR	12	cary &	a	ud 1	Laz O Addr	70	SL	- A	FRU
In CAUCE OF DEAY	N francisco		(a) (b) 2 (a)		10/7-	rxa	an	Club.	2/60	NU	Rh	177
	H [Enter only one co H WAS CAUSED BY:	Use per line ro		ŀ]	41 12		. 1	_			RVAL BET	
Po 20	IMMEDIATE CAUSE (o		122424	< \	13/ 100	11.17	" VILL	70			12/1	and
Condition 16	DUE TO		11/	- P-	(in a)	1	, ,	Par.		4	11	
Conditions, if any	mediate (m	unj	2.2	- A Carry	1-1-1-C	11-	ears.			• 24	
couse (a), stating the lying cause last.	e under-	1.	i' haid	16.	itto 6	1		.)		1	0 40	, had
	R SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DE	ATH BUT	NOT RELATED TO TH	E TERMIN	AL DISEASE	CONDITION GIV	FN IN PA	RT 1(a) 19	. WAS A	UTOPSY
						14 74 11114	7. B. QE 7.QE	0110111011 011	H11 H11 H		PERFOR	MED?
20a ACCIDENT WAS	UNDERLYING	205. DESCRIBE	HOW INJURY	OCCURRE	D. (Enter nature of in	ivry in Po	rt I or Port	II of item 18.)	-		113	NO L
20a ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY N	CAUSE OF DEATH MEDICAL EXAMINER)				·							
20c. TIME OF INJURY		ar 20d. INJUR	Y OCCURRED		ACE OF INJURY (Hor		20f. (City	or town)		(County)		(State)
Hour o. m.	19	While of work	Not while of work	foc	tory, street, office bl	dg., etc.)				,,		
	it 1 attended the			1 1	0 1057	to Z	10	25, 195	7	last a	46.5	
olive on	wat 21	10.	>	7				the causes a				
Olive Olizza	-	, 122	, und mu	i qe om	accurred at_5			eet, city or town, :		rne aai	e sigre	I ODOVE
DCOOR /	Stran	0 /	Lain	44	- 612	-40	end	with A			4/28	1-2
1		101	CY		m.o		4 -1:				1	
NAME (Type) N	M.	OKA	-/N//	V	Con	dil	1	Hal.	2	22-41		
O. RUPIAL CREMATION	22b. DATE THEREO	F 27	NAME OF CEL	ETERY O	CREMATORY	12	24 1004	ON CON LOUIS			454-4-	

246 REGISTRAR'S SIGNATURE

240 REC'D BY REGISTRAR

DATE OCT

'57

ADDRESS

BECEINED X 100 COL 1 1022

VS A15 (4) 1SM 9/SS

O

		MARY	LAND	STATE DEPA	RTM	ENT OF HEALTH	-BAL	TIMORE, 1	8	(1)	0157) 4			
		978	7	CERTI	FIC/	ATE OF DEATH			Reg. D		979	11			
1	PLACE OF DEATH					2. USUAL RESIDENCE (Who	re decease	d lived. If instituti			en admiss	unest.			
	o. COUNTY	ince Georg	e s	MARY	LAND	o. STAMaryland	ile decense	b. COUNTY	Prin	ce G	eorg	85			
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi earest lown)	ts, write	c, LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)									
H		Verly [AL (If not in hospitol, g	1	53 days		Riverda	le				e. IS RES				
17	OR INSTITUTION	eGeorges G				1	d. STREET ADDRESS 5602 51th Ave.								
3.	NAME OF	Fig.		4. DATE	Mon	4	Da		Year						
	OECEASED (Type or print)	Maude	-	Middle		Grav	OF DEATH	Ser		28	*	1957			
5.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	D 🔲	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDE	RIYEAR		ER 24 HRS.			
	Female	White	WIDOWI	ED N DIVORCE		15 Aug. 1880		77 yrs.	Months	Days	Hours	Min.			
10	g. USUAL OCCUPATIO	ON (Give kind of work)	done 10b.	KIND OF BUSINESS O	R INDU		r foreign c	ountry)	12 CI	TIZEN C	F WHAT	COUNTRY			
	during most of work	ing life, even if retired) 0	wn home		Washingto		C.	US	5 A					
13	FATHER'S NAME					14. MOTHER'S MAIDEN NA	AME								
L		y L. Wood					a V.	Barnes							
		R IN U. S. ARMED FOR (If yes, give war or dates of a		SOCIAL SECURITY NO.		NFORMANT	J	Add			d				
		no			H	ospital Recor	as	Cheverl	y , Pit	aryı	and.				
				ne for (0), (b), and (c).		1		4	no pitter		ERVAL BE				
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		Klule	1.2	elu. Ossi;	960	tema .	18/12	-dia	KLUL				
	450.0	DUE TO	1	172000	13	and tule	,, 4	Cant.	1		10 4	Lo.			
1	Conditions, if a	mmediate (-	Carnen .	(/ (in or your	al .	13 11	acres .	-	10 d	, 1,00			
	lying couse lost.	the under-	, (l'Ilena	5	denosa. c	an	La Slei	405	5 1	lak				
ő	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	IAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS /				
18												NO 🗍			
CERTIFICATION	200. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRE	D. (Enter noture of injury in Po	orl I or Por	t II of item 18.)							
MEDICAL	Hour a, j., p. m.	Y Month, Day, Ye	20d, Il While of wor	NJURY OCCURRED Not while t ot work	20e. PL fo	ACE OF INJURY (Home, farm, clary, street, office bldg., etc.)	20f. {City	or town)	((Counly)		(Stote)			
		at I attended the	decease	ed from Qua	4	. 1957, to Se	7 2	7 , 19.5	Zihot I	lost se	w the	decease			
	alive on	Sept 37	, 12.5	7, and that	death	occurred at 5.30A1									
	/	21 1		1/ . ^				Ireel, city or lown,				ATE SIGNED			
	SIGNATURE	Jacken	حہا	Kelley		M.D. 6124 -4/57	Aure	Herall	o, h	2d	4/	28/5			
L	PHYSICIAN'S NAME (Type)	Dr. Ke	llv_			6124 41th	St	Hyattsv	ille	Md.	,				
22	O. BURIAL, CREMATIO	N, 226. DATE THEREC)F	22c. NAME OF CEME	TERY O	R CREMATORY	22d. LOCA	FION (City, Iown, I	or county)		(State	e}			
L	REMOVAL (Specify) Burial	Sept 30	1957	Fort L	inc	1n Cemetery	_ Col	lmar Man	or, h	id -					
23	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. REC'D					tE .				
L	F. Gas	ch's Sons	llyat	ttsville M	d.	DATE ()()	T 1	57 Ru	A-ea	uch					

BUREAU V. P.

DECENED 10.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7222

CERTIFICATE OF DEATH

09792

Reg.	Dist.	No.

		000	4	•					Reg. Dist	t. No.		
	1. PLACE OF DEATH					USUAL RESIDENCE (Who	re decease	lived. If instit	tion Residenc	e before o	dmission)	
	· county Pri	nce Georg	es	MARYLA	CNI	o. STATE Maryl	and	b. COUN	Y Princ	ce G	eorges	
	b. CITY OR TOWN RURAL and give I	(If outside carporate lim	its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If or	itside carpa	rate limits, write	RURAL and gi	ive nearest	town)	
1	Avond					Avondale		h , wh				
	d NAME OF HOSP	ITAL (If not in hospital, g	jive street	oddress)		d STREET ADDRESS				e. 1	S PESIDENCE	
	2101 Bri	ghton Roa	.d			2101-Brighton Road						
1	3. NAME OF DECEASED	Fi	rat	· Middle		Last	4. DATE	М	onth	Day	Year	
1	(Type or print)	Danie.	L	M.	G	reene	OF DEATH		Sept.	5	19 57	
	5 SEX		7. MARR	IED A NEVER MARRIED	□ B D.	ATE OF BIRTH		9. AGE (In year lost birthday	IF UNDER		UNDER 24 HRS	
	MALE	WHITE	WIDOWS	DIVORCED		2/11/1876		80		Days H	ours Min	
,	100 USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State of	or foreign c	ountry]	12. CITI	ZEN OF Y	HAT COUNTRY?	
/	Retired A	ON (Give kind of work rking life, even if retired torney)	U.S.	Govt.		E. Greenwi	ch.	R.I.		USA		
ı	13. FATHER'S NAME		44-7		14	I. MOTHER'S MAIDEN N.						
ı	Daniel	P. Greene	,			Julia A.	Wri	ght				
١	15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFOI			-	ddressAVO	Lobe	o Md	
	(Yes, no or unknown)	(If yes, give wor or dates of	service)	_	Jen	nie M. Gre	ene		Brigh			
1	18. CAUSE OF DE	ATH (Enter only one co	ouse per lic	ne for (a), (b), and (c)]		1				INTERV	AL BETWEEN	
	PART I DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (d	. ('a	rain m	7	level of do	11			ONSET	AND DEATH	
	157V	DUE TO			/	1//			1		The State of the second second	
	Conditions, if	nan mhish Y		n Link	n	+ Sin		I have	.0			
1	gave rise to	immediate Dur To		process of		5 10 15/1				-		
1	lying couse last.											
				ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERMIT	VAL DISEAS	E CONDITION O	IVEN IN PART	1(a) 19 V	VAS ALTOPSY	
ı	OTTA									P	ERFORMED?	
1	E 20g. ACCIDENT W	AS UNDERLYING T	20h DESC	TRIBE HOW INJURY OCC	TIRRED (F	ater nature of injury in P	ort Lor Par	t II of item IR)			3 1 40 1	
	PART II. OT	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	100 0130	CRISE TOWN MODEL OCC	OARED. (E	ner notice of injury in the	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	20c. TIME OF INJU	RY Month, Day, Ye	ar 20d It	NJURY OCCURRED 20		OF INJURY (Hame, form,		or tawn)	{C	ounty)	(State)	
1	Heur e, m.	19	While of worl	Nat while	factory,	street, office bldg., etc.)	1					
ı			_		//	7 40 -7 . (14-	10.5				
	(nar i arrended the		ed from Inanc								
	alive on	7P4:- D	, 194	$\overline{1}$, and that d	eath ac					e date :		
1	ACTUAL	1/0	0 /				IDOKE22 (2	lreel, city or tow	n, srote)		DATE SIGNED	
1	SIGNATURE	santy (. 0	un_	M.D.	4100 -	-22-	5	, 			
	PHYSICIAN'S NAME (Type)	RANK	R.S	HEA. MS	2.	ω	ash	i-g/+	-18-	D.C		
	220 BURIAL, CREMATI)F	22c. NAME OF CEMETI	ERY OR CR	EMATORY	22d. LOCA	TION (City town	or county)		(Stole)	
	REMOVAL (Specify	9/7/57		Ft.Linco	oln C	emetery	Pr.	Geo.Co	. Mar	vlar	nd	
	23. FUNERAL DIRECTO					D. C . 240. REC'D	BY REGIST		GISTRAR'S SIG			
	The S.H.E	lines Co.,	2901	. 14th St.	N.W.	SEP 1	7 '57	alle	Much			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 and 2 should be filed wit may be retained by the haspital or ottending physician.

TO FU AL DIRECTOR: After this certificate has been signed by the ottending physician and campletely reported the office of the control of the co VS A15 (4) 15M 9/55

SECEDAED.

BUREAU V. E.

Bros. Funeral Home-Marlboro. Nd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5) 5M 9755

Marvland 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES IN NO

Year

IF UNDER 24 HRS.

19

Days

(County)

Inquiry

12. CITIZEN OF WHAT COUNTRY?

NTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

1; and find that

DATE SIGNED

(Stote)

NO T

(Stote)

II. S. A.

F SEAU V. S.

MISSEN

- 1-	4_
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page & by the hassital an attending physician.	CTOR: After this certificate has been signed by the attending physician and completely first in by the funeral director.
within 24 haurs	Page and 2
e be executed a	ian and completed
death certifical	attending physic
requires that the	a signed by the sit permit. The
IAN: The law tending physici	ificate has been the burial-tran
ATTENDING PHYSICIAN: The law requby the baseled or aftending physician.	R: After this cert ached for use as
ATT	CTO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09794

1	L		9788	CERTIFICA	ATE OF DEATH	Reg	Dist. No.			
1	1, 1	PLACE OF DEATH o. COUNTY PRIN	CE GEORGES	MARYLAND	2. USUAL RESIDENCE (Where o STATE MD.	deceased lived. If institution: Res b. COUNTY PR	idence before odmission) INCE GEORGES			
		b. CITY OR TOWN (IF RURAL and give no CHEV	outside corporate limits, write arest lowe) ERLY	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (If outset BLADENS	de corporate limits, write RURAL o	and give nearest town)			
		d. NAME OF HOSPITA OR INSTITUTION PRIN	AL (If not in hospital, give street ICE GEORGES GEN	ERAL HOSP.	d STREET ADDRESS / 4110 -	53rd. AVE.	e IS RESIDENCE ON A FARM? YES NO X			
		NAME OF DECEASED	RS MYRT	Middle	HAUGHT 4	DATE Month OF DEATH Sep7	Doy Year 27 1957			
	5. 3	F F	6. COLOR OR RACE 7. MAR WIDOW	*	Oct 4, 1882		DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.			
1	. 10a	during most of working Housewi	ng life, even if refired	KIND OF BUSINESS OR INDU Dwn Home	STRY 11. BIRTHPLACE (Stole or f		US A			
			Rice Stevens			zabeth Priest				
3	15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FORCES? 16 f yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	John S. Haugh	Address t Hyattsville	e Maryland.			
			TH [Enter only one couse per in the WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	ine for (o), (b), and (c).] arcinomatosis			interval setween onset and death 1 month			
		/70 X Conditions, if ony, which gove rise to immediate couse (a), stoling the under-								
-	CERTIFICATION	lying couse lost.) (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES A TO			
		20g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING 206, DES CAUSE OF DEATH MEDICAL EXAMINER]	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	I or Port II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Hour o. js. p. m.	While		ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	Of. (City or town)	(County) (Stole)			
i		21. I certify the alive an Se ACTUAL SIGNATURE	of I attended the decear		occurred at 1133AN	7 27, 1957, that A, from the causes and a RESS [Sireet, city or town, stote] RENLY 37	t I last saw the decease the date stated above DATE SIGNE 9 27/5			
	220	tasour (1)bel	ORMAN D.	ONAT COME						
7	ra	affenoyal (specify) i	on 9/28/57	Clarksburg		West Virginia	i .			
	Z3.	F. Gasch		ADDRESS	242 REC'D BY SEP 3 0	REGISTRAR'S	SIGNATURE			

.U V. L.

1923



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENCE ON A FARM?

YES NO K

10 57.

Montgomery

IF UNDER TYEAR IF UNDER 74 HRS

Hours

12 CITIZEN OF WHAT COUNTRY?

MaryLand

ONSET AND DEATH

PERFORMED? YES 🔲

NO T

(State)

Mda

and in my

DATE SIGNED

Dovs

USA

(County)

Pr. Geo.

Months

EP 10 1957

A SEAU Y. S.

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9759

CERTIFICATE OF DEATH

09796

0.00	CERTIFICATE	OI DEATH	Reg. Dis	it, No.
1. PLACE OF DEATH o. COUNTY Prince George's		UAL RESIDENCE (Where decease STATE Maryland		ce before admission) ce lieorge's
b CITY OR TOWN (If outside corporate limits, write c RURAL and give nearest town) College Park, Md	LENGTH OF STAY IN 16 c.	City OR TOWN (If outside corp		live nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street addror institution 7406 Dartmouth Avenue.	eu) / d.	STREET ADDRESS 7406 Dattmout	h Avenue	IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle utherford	Hill dear	Sept 29,	Day Yeor 19 57.
Female 6. COLOR OR RACE 7. MARRIED WIDOWED		t of BIRTH he 14, 1896	9. AGE (In years IF UNDER dat birthday) Months yrs.	TYEAR IF UNDER 24 HRS Days Hours Min
10a. USUAL OCCUPATION (Give kind of work dane 10b, KIN during most of working life, even if retired) 11 0115 CW if C		Connecticu	country) 12 CIT	S A
13 FATHER'S NAME	14. /	MOTHER'S MAIDEN NAME		
John Rutherford		Amelia	a Fladd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes no or unknown) (If yes, give wor or dote of service)	CIAL SECURITY NO 17 INFORM	Ruth Lutwack	College Par	ck, Maryland
Conditions, if any, which gave rise to immediate couse (a), staling the underlying cause last.	oronary That has	eleurt als lo		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CON 20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIB OR CONTRIBUTING [] CAUSE OF DEATH U [IF EITHER NOTIFY MEDICAL EXAMINER]				PERFORMED?
	BE HOW INJURY OCCURRED (Ente	r nature of injury in Part I or P	art (1 of stem 18)	, , , , , , , , , , , , , , , , , , , ,
20c TIME OF INJURY Month, Day, Year 20d. INJUI Mour a. m. 19 at work at work	Nat white factory, st	INJURY (Home, form, 20f (Cireet, office bldg., etc.)	ity ar tawn) (1	County) (State)
21. I certify that I attended the deceased olive on 19 22 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	from Farry, and that death accu M.D. WHE	rred at 7:20 PM, fro		lost saw the deceose the dote stated above DATE SIGNE
220 BURIAL, CREMATION. 226 DATE THEREOF 22 Cransportation 9/30/57	Norwood		ATION (City, town, or county) lassachusetts	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REG	STRAR 246. REGISTRAR'S SI	SNATURE
F. Gasch's Sons Hyatts	ville Maryland.	DATECT 4 5	7 (1992 Come	

A UAZMUG

Z561 : TO

MANTER

HOSPITAL

TSM 9/5S

FIREDUV. 8

09798

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Prince Georges Maryland rince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 13 Hrs Cheverly Riverdale d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Prince Georges General Riverdale Rd. NAME OF Middle Lost 4. DATE Day Year DECEASED (Type or print) MNNE. Morton Zopher DEATH Hont Sept 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours DIVORCED | WIDOWED [7] Male White yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Goverment U.S.A. Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Morton P. Hunt Launa Henderson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 578-34-4941 Grace E. Hunt (Wife) Same As above 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which] gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. [City or lown] (County) (Stote) foctory, street, office bldg, etc.) Hour a. n. While Not while of work of work 21. I certify that I attended the deceased from, _____ 19.5. Z that I last saw the deceased and that death occurred at 4. P M, from the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED **ACTUAL** SIGNATUR PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 9-7-57 Fort Lincoln Cen. Colmar Manor, Maryland Roria? 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 245_REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Francis Gasch's Sons, 1739 Palto, Ave.

CED Q

directar filed funeral å plnovs puo carbon de la move ٦ þ permit. and RECTOR: pluo 冒 HOLLITAL FUN O VS A15 (4) 15M 9/55

SEP 9 1957

BUREAU V. S.

A .V U!

DEALES.

FOR STA HEALTH

1

No.

If any dilay is necessary, please 13 to the funeral director. Page may be gived for your files. eath eath TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dell execute, the certificate, withing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the file 4 strips of forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be 10 FULL. ALL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or its designated agent, prior to burial, cremation, at remayal, and in any event within 22 hours after de

VS AISME 5M 2 S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9709

Reg. Dist. No

1. PLACE OF DEATH	0104		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	rince Georges	MARYLAND	o. STATE M	aryland b. COUNTY	Montgomery					
and give nearest town	ou ude co parala umila write RUPAL I Erdale	c. LENGTH OF STAY IN 16		outside corporate limits, write in	RURAL and give neorest town)					
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in h	ospital, give street address)	d STREET ADDRESS e IS PE ID (1) ON A FARE							
	Memorial Hospi		337 Howard Avenue YES NO							
3 NAME OF DECEASED (Type or print)	Dorothy I	Elizabeth Hu	tchinson	4 DATE Month OF DEATH Septem	ber 7 19 57					
5. SEX		RIED INEVER MARRIED I	DATE OF BIRTH	9 AGE (In years	IFUNDER TYEAR IF UNDER 24 HIS					
Female	white widow	ED DIVORCED	11-8-20	36 yrs.	Manths Days Hours Min					
10a USUAL OCCUPATION during mail of working	ON (Give kind of work done 10b. ig life, even if retired)	K NO OF BUS NESS OR INDUST			12. CITIZEN OF WHAT COUNTRY?					
Secre	stary	Bd. of Education	on Maryland		U.S.A.					
13. FATHER'S NAME			14 MOTHER'S MAIDEN N							
Willie	S. McGaha		Annie	Ray						
15 WAS DECEASED EV	ER IN U. S. ARMED FORCES? 1(VFORMANT	Address						
No			oda S. MoGaha	3616 Powder	Mill Rd. Beltsvill					
	TH [Enter only one cause per lin TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (o), (b), and (c) } Smorrhage and sl	noek		INTERVAL BETWE'S ONSET AND DEA H					
Conditions, if a gave rise to immed (a), staling the a couse lost.	digite cause bunderlying DUE TO	empound comminutations, multiple accidence of the contractions of the contraction of the	ent	ere	EN IN PART I(m)19, WAS AUTOPSY					
2 4-					PERFORMED?					
PART II, OTH	Past RY Month, Day, Year 20d	BE HOW INJURY OCCURRED (ESCHOOL OF THE BELL OF THE BEL	tomobile in c	ollision with	a bridge. (County) (State)					
5.45 P.M.	9-7-57 19 Wh	work of work	ighway	Beltaville,	Pr. Geo. Md.					
21. I certify th	not I took charge of the	remains described abo	ve, held on Autopsy	, Inspection	Inquiry 2, and in my					
opinion death	resulted from. Notural	couses , Accident	Suicide [], H	fom cide, Undeter	mined manner					
ACTUAL SIGNATURE	AM Cunto	loney	M. D. CHIEF MEDICAL EX		DATE SIGNED					
EXAMINER'S NAME (Type)	John T. Malone	y. M.D.	ASSISTANT MEDICAL E		pt. 7, 1957					
270 BURIAL CREMATIO BURIAL (Specify)	IN, T226 DATE THEREOF	Parklawn	CREMATORY	22d LOCATION (City, town, o Rockville, Md	r county) (Stote)					
23. FUNERAL DIRECTOR Robert A	S S GNATURE Pumphrey-B	ethesda, Md.	240 REC'D		TRAP'S SIGNATURE					

BUREAU V. Z.

MECENAED.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9840 CERTIFICATE OF DEATH

Reg. Dist. No.

N			3		- 11								
1	PLACE OF DEATH O. COUNTY					2 USUAL RESI	DENCE (Wh	ere decease	d lived. If instituti	ion: Residen	ce befor	e odmiss	ion)
4		rince Georg		MARYL	AND	I.	and age	max D.	C. b COUNTY				
	RURAL ond give ne	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY II		c. CITY OR			rote limits, write f	RURAL ond	give nea	rest town)
ł	Glenn Dal	Le (Rural)		2 months.	and			Lngton					
1	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, s	jive street	address) 21 d	ays	d. STREET A	DDRESS					e. IS RES	DENCE FARM?
J	Glenn Dal	Le Hospital											NO 🕞
1	3. NAME OF DECEASED	Fie		Middle		las		4. DATE	Mor		Day Year		oor oo
	(Type or print)	Willi	.am	L.		Ing	ram	DEATH	Sept		11		957
	5 SEX	6. COLOR OR RACE	7- MAR	RIED NEVER MARRIED	8	DATE OF BIRT	Н		9 AGE (In years lost birthday)	IF UNDER	1 YEAR		
	Male	White	WIDOW	ED DIVORCED		7/23/9			58 yrs.		Days	Hours	Min,
	10a USUAL OCCUPATIO during most of work	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (Stole	or foreign co	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY
	Electrici	an	'	_				irgin		1	J.S.	٨	
	13. FATHER'S NAME					14. MOTHER'S					0 620 6	A .	
ı	John Will	iam Ingram				Ann	ie Les	ster					
	1S. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		902	Add	ress			
	None	is yes, gove wor or gares at s		27-09-7914		Dec	cedent						
	18. CAUSE OF DEA	TH [Enter only one co		ne for (a), (b), and (c).					-		LINITE	RVAL BE	TIMEEN:
1	PART I. DEAT	TH WAS CAUSED BY:	, i		R.	ronchoge	ania a	amin	ome		ONS	ET AND	DEATH
1	16000	DUE TO			4.7.	LOMOMOS	SIMO C	- M.T. C.T.11	One		3	mont	ins
1	Conditions, if an	w which t											
1	gove rise to in	nmediote (
1	couse (a), stating the under. lying couse fost.												
ı		ER SIGNIFICANT CON		CONTRIBUTING TO DEAT	H RUT N	OT PELATED TO	THE TERMS	NAL DICEASE	CONFITION CIT	(F) 1 (A) B 4 B		14/45 4	LITOREY.
ı	VI V		_							EN IN PAKI	1(0) 17	PERFO	RMED?
ı	200. ACCIDENT WAS	-	20h DES	CRIBE HOW INJURY OC		Lmonary						YES X	но 🗌
ı	PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	200. 003	CRIBE HOW INJURY OC	CORRED.	(Enter noture o	r injury in r	on I or ron	II of item 15.)				
1	\$ 20c. TIME OF INJURY		r 20d. I	NJURY OCCURRED 2	Oe. PLAC	E OF INJURY (Home, form.	20f. (City	or town)	10	ounty)		(Stote)
1	ZOC. TIME OF INJURY Hour a. ji.	19	While	Not while	focto	ry, street, office	bldg., etc.)) [10	.oomyj		(Siole)
ł					27	55	7	and the	17	-			
Į	21. I centify the	at I attended the	deceas	ed from June		, 192,	, to <u>Se</u>	Dt.	19 2	C,that I I	ast sa	w the	decease
ı	alive an <u>Se</u>	11 es - 11	_, 12_	27, and that d	ieath d	occurred at					ie date	e state	d above
I	ACTUAL	ALAD	10					*	reet, city or town,				TE SIGNED
ı	SIGNATURE	ALINIA I	VV		М.	D	Gle	nn Da	<u>le Hospit</u>	al		9-11	-57
	PHYSICIAN'S NAME (Type)	Moe Weiss					Gle	nn Dai	le, Maryl	Land			
1	220. BURIAL, CREMATION	1 _ / 1		22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCAT	ION (City, town, o	or county)	4	(Stote)
	REMOVAL (Specify)	9/12/5	71		~	-		70	nville	774	Y*, **		
	23. TUNERAL DIRECTOR'S	SIGNATURE	11	ADDRESS)		24a. 8EC'D	BY REGISTI	RAR 246. REGIS	TRAR'S SIG			
	VICA EU	1110050	Ame.	1757 17	. //	100 Va.	SFF	17 5	7 1 202		ZH.		

BECEINED

BUREAU V. S.

2Eb IL 102'

YES INO I Prince Geoffee General NAME OF 3 Yeor DECEASED (Type or print) 19 ポク 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER TYEAR IF UNDER 24 HRS Mal a 10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY! 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (Stole) Hour a. ft. While factory, street, office bldg., etc.) Not while p, m, of work of work 21. I certify that I attended the deceased from. Z,that I last saw the deceased alive on , and that death occurred at. M, from the causes and on the date stated above. ACTUAL PHYSICIANUŚ John W Perkins 220. BURIAL CREMATION, 1 22b. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Prince George's General Hospital Cheverly. Md. Cremat 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATEDOT 1 6

death. 670 should within papers. 30th. offich Į, move ┒ Per burial-tr E. 2 15M 9/55

PLACE OF DEATH

o. COUNTY



FOR STATE
HEALTH DEPT.
TO DIFFITY MEDICILE EXTENDER: This certificate should be exempted within 24 hours after death. If any delay is necessary, please He exemple the certificate, writing the word "pending" in pending in Rem. 18. Give Pages 1, 2, and 3 to the funeral director. Page 1, 2, and 3 to the funeral director. Page 2, 4 st. The forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may to prove files. To furza Land 2 with the Chief Medical Examiner's Office along with form PMS. Page 5 may to prove files. The furza Land 2 with the Chief Medical Examiner's Office along with form PMS. Page 5 may to prove files. The file pages 1 and 2 with the Chief Health H. S. The furza and the file pages 1 and 2 with the Chief Health H. S. The furza and the file pages 1 and 2 with the Chief Health H. S. The furza and the file pages 1 and 2 with the Chief Health H. S. The furza and the file pages 1 and 2 with the Chief Health H. S. The furza and the file pages 1 and 2 with the Chief Health H. S. The furza and the file pages 1 and 2 with the Chief Health H. S. The furza and the file pages 1 and 2 with the Chief Health H. S. The furza and the fur
to DIELTY MEDICAL EXERCE. We see the certificate, we see forwarded it to Furzzal Director. It designated agent,
VS A15ME 5M 2/57

		MARYLA	ND ST	ATE DEPARTM	ENT OF HEALT	H-BAL	TIMORE, I	8 ()	9802
		9794 MEE	CAL	-7 FilmG220	S CERTIFICA	TE OF	DEATH	Reg. Dist. N	0.
1.	PLACE OF DEATH o. COUNTY Prince	George's	- Lutini	MARYLAND	2. USUAL RESIDENCE (o. STATE		Is collisted	on, Residence be	efare admission)
	b CITY OR TOWN (If outside and give negret fown)	e corporate limits, write II.	JFAL	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (orate limits, write R	RURAL and give	negrest town)
	Chever ly			ed on arriva		_ X_			
	d NAME OF HOSPITAL O	R INSTITUTION (of a	ot in hospit	al, give street address)	d STREET ADDRESS				ON A FARM?
-	Prince Geor		ral H	of the second second		ern Ave		Tides.	YES NO
5.	NAME OF DECEASED (Type or print)	First		Middle	Lost	4. DATE OF	Month	Doy	
5.		John Alb		D NEVER MARRIED	ardine	DEATH	Septembe		19 57 Tie under 24 hrs
			VIDOWED [- WATER OF		000	last birthday)	Menths Days	Hours Min.
100		HILL VV			June 24, 1 TRY 11 BIRTHPLACE (SIGN Distric	or foreign_co	uplry)	112. CITIZEN C	F WHAT COUNTRY
1	Cab D 1VOI	, even if refired)	Trai	of Business or Indus	Distric	t of Co	lumbia	TT C	
13	FATHER'S NAME				14. MOTHER'S MAIDEN			U.S.	As
	Unknown				Unknown				
15 Ye	WAS DECEASED EVER IN	U.S. ARMED FORC	ES? 16 SC		NEORMANT	41 000	Address	Oh	
	Yes	M-M-TT		100	seph R. Smi	שלב מש.	9 Sherid	ville;	_
	18. CAUSE OF DEATH [-		bosis	Mes	20 UARDOR		LT AND DIAF 1
	PART I DEATH W.	EDIATE CAUSE (o)		oronary thron	IDOG TO				delite fit
	120.1	DUE TO	G	ardio vasc ular	renal disea	Se			
	Conditions, if any, a	couse							~
	(o), stating the under								
CEPTIFICATION		GNIFICANT CONDIT	TIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	A NAL DISEASE	CONDITION G VE	N IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CEPTIFI	200, EXTERNAL CAUSE WE PRIMARY OF CONTRIB	UTING [] 20b.	DESCRIBE >	OW INJURY OCCURRED (Enter nature of injury in Pa	rf Lar Fort 11 c	of item 18.)		
MEDICAL	20c, TIME OF INJURY Hour a.m p.m.	Month, Day, Year	While	Not while of work	ICE OF INJURY (Harne, for lary, street, office bidg., etc.	m, 20f (City of	or town)	(County)	(Stole)
	21. I certify that I	took charge o	of the re	mains described abo	ve, held an Autop	sy 🔄, In:	spection 🛣,	Inquiry 🗷	, and in my
	opinion death resu	ilted from: No	itural ca	uses 💽 , Accident	, Suicide ,	Homicide	. Undeteri	mined mann	ег 🔲
	1671111		106	7 1					DATE SIGNED
	SIGNATURE	mon	7	Jane	M.D. CHIEF MEDICAL E	_			PAIE SIGNED
	EXAMINER'S NAME (L/pe) Ja	mes I. Bo	yd		ASSISTANT MEDICAL		Camb	ember 1	5, 1957
	REMOVALISHED TY	9-17-57	27	Lees Cre		22d LOCATI	shing to	n D.C.	(Store)
23.	FUNERAL DIRECTOR'S SIG	T *		ADDRESS	C CE	D BY REGISTR	AR 246. REGIST	RAR'S SIGNATU	RE
I	ee Funeral	Home -	300	4th St. N.	E. D.C. DATE	F 17 57	lee	1-1	
	.,							- Marie	

SEP IT 1957

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 AT CHEDICAL EXAMINER'S CERTIFICATE OF DEATH

09803

		2130			m11 49	OBIC III I	97114			Reg. Dist. No	
1. PI	ACE OF DEATH				2	. USUAL RESIDE	NCE (Where	deceased lived.	If institute	on: Residence befo	ere odmission)
o.	COUNTY	nce George		MARY	rLAND	o. STATE	Maryla	nd b	COUNTY	Pr. Geo	•
Ь.	CITY OR TOWN (II	outside carparate imilit, er		c. LENGTH OF STAY	IN 16		A CONTRACTOR OF THE PARTY OF TH	FF	sts, write R	URAL and give ne	
	end give nearest town) Chever	-Tvr		D.Q.A.		×	Berwyn	Height	8		
ď.			(If not in hos	pitat, give street addres	15)	d STREET ADD					e 15 RESIDENCE
	Prince Ge	orges Gen	erel H	ospital		8807	53rd	Avanue			YES NOT
	AME OF		itat	Middle	!-	Lost	4. D	ATE	Month	Day	Yeor
	ECEASED ype or print)	Howa	nd	Taney	Je	mes	DI OI		pt.	6.	19 57
5. SE	X		with the same of the	D NEVER MARRIE	mental management	ATE OF BIRTH		9. AGE	(In years	FUNDER TYEAR	
	Male	White	WIDOWEL	_		17	1873	last but	hday) 3 yrs.	Months Days	Hours Min.
10o			1	IND OF BUSINESS OR					' L	12. CITIZEN OF	WHAT COUNTR
du	ring most of working Re tired a	ilie, even if refired		tomobile to	ires	Mary	land			U.S	.4.
13.	FATHER'S NAME	ier otterio		OCHODIA O.	7	. MOTHER'S MA	_			1 . 3	-
	George	es Fwanci	s Jone			Tda V	irgini	a Kesal	87		
15. 1		R IN U.S. ARMED FO		SOCIAL SECURITY NO.	. 17. INFO			- Automotive	Address	-	
{Yen,	no, et unknown)	(II yes, give war ar dates a	if service)		Ca	rlton T	Jone	S 1 SAN		# 2	
	IR CAUSE OF DEAT	H [Enter only one co	ouse per line	for (o), (b), and (c)]			T T. T. T.		7	(INTER	AL BITWEEN
	PART 1, DEATI	H WAS CAUSED BY		Shock						DNSE	AND DEATH
	705.0	IMMEDIATE CAUSE (-						-	
		DUE TO		Fractured	himer	านส					
	Conditions, if an	iole couse	b}						-	- +-	
	(o), stating the u	nderlying DUE TO		Fall in b	athtub						
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	ACTUAL SIGNATURE	resulted fram:	Natural of	causes [], Acci	dent 🔼.	Suicide [Chief Medians Assistant DEPUTY ME	, Hom ICAL EXAMIN MEDICAL EXAM DICAL EXAM	icide [],	Undeter	mined manne	

4739 Balto. Ave. Hyattsville, Md.

24e REC'D BY REGISTRAR

'57

-246 REQUISTRAR'S SIGNATURE

TO DEPUTY TO FUR VS. ATSME 5M 2'57

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1 4/4

23 FUNERAL DIRECTOR'S SIGNATURE

UTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any one the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be maked DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours often

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SEP 9 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09804 **CERTIFICATE OF DEATH** 9841 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Prince Georges Maryland Prince MARYLAND Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Ammendale 14 vears Ammendale -- Beltsville P.O. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e IS RESIDENCE ON A FARM? 'Ammendale Normal Institute Ammendale Normal Institute YES NO X NAME OF 4. DATE Middle Month Year (Type or print) Brother Ezear Alfred (Bernard Kelly DEATH Sept. 25th 19 57 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Hours Mal e White WIDOWED | DIVORCED | Unknown 84 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Christian Brother Religious Order Phila. Penna. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No None None Brother Anselm. Ammendale Normal Institut 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (c) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT JNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPST PERFORMED? YES I NO IX 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II af item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f.,(City or tawn) Day, Year 20d. INJURY OCCURRED (Caunty) (State) Hour a. n. factory, street, office bldg., etc.) Not white ot work at work 21. I certify that I attended the deceased from ...that I last saw the deceased alive on and that death/occurred at M. from the causes and an the date stated abaye DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S M. Warren NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Private Cemetery Ammendale Norma Buria 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE W. W. Chambers Company, Riverdale, Md.





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AL EX	e, writ	Chief	TOR:	
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necessary, please exe	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should 5	or d to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far you files.	TO FULLICAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the region prior to burial, cremation	
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O DEP	cute	Fork	FULL	
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VS. A15ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		9796E	DICA	L EXAMIN	ER'S	CERTIFICA	TE OF	DEATH	Reg. Dis)98 1. No.	05
Ļ	PLACE OF DEATH	nce de	oras!	S MARY	LAND	2. USUAL RESIDENCE (o. STATE 東中 〇		sed lived. If institu b. COUNT		ce befor	s admission)
- (o. CITY OR TOWN (If au and pive nearest foun)	hide corporate limits, write	e RURAL	TOOR OLD		c. CITY OR TOWN (Peach	RURAL and	give nea	resi town)
	Prince Ge			pitol, give street oddres al Hospi		d. street Address 533 Pali	netto				ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Fir Spr		Middle	ķ	isse]eff	4. DATE OF DEATH	Month Septom		Day 2	Year 19 57
5. 9	EX ""a7 p	White	7. MARRIE	DIVORCED		Pehrijary	22,19	9. AGE (In years los) birthday) yrs.			F UNDER 24 HRS.
100	USUAL OCCUPATION during most of working l	(Give kind of work life, even if retired) (C	done 10b. K	ind of Business or	INDUST	Placia	e ar foreign (country)		S. A	WHAT COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
	Jacob Ki					Imba l	Botki:	n			
15. (Ye:	Yes	IN U. S. ARMED FO	RCES? 16. Service)	SOCIAL SECURITY NO.		rormant ns Ruth L	٦٨٨, ٦	Address Address	tor.en	o Vin	B.S.F.
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CERT.FICATION	PART II, OTHER 200. EXTERNAL CAUSE PRIMARY Or CONTI CAUSE OF DEATH.					OT RELATED TO THE TERM			EN IN PART	` '	WAS AUTOPSY PERFORMED?
MEDICAL	20c. TIME OF INJURY Hour o, m. p. m.	Month, Day, Yea	White		De. PLAC focto	E OF INJURY (Home, farry, street, office bldg., eh	m, 20f. (City	or town)	(Coun	ly)	(Stote)
		rom: Natural	9	Accident []		e, held an Autopide, Homicid M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	e [], U EXAMINER [] CAL EXAMINE	ndetermined o	_	_ (and find that DATE SIGNED
В	BURIAL CREMATION, REMOVAL (Specify) UTIAL FUNERAL DIRECTOR'S	9/25/57		22c. NAME OF CEMET		conal Cemete	22d. LOCA	TION (City, town, o	r county)		(State)

Bernard Danzansky & Sons 3501 14th St., N.W.

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09806
			9797 CERTIFICATE OF DEATH	
with .	7	1.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived) If institution, Residen	
Pag direction	M)		· COUNTY Prince Georges MARYLAND O. STATE MARYLAND O. STATE MARYLAND O. STATE	ima Garage
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urs afte by the		1. 4	d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION OF OTHER GENERAL HOSPITAL	ON A FARM? YES NO
24 ho		3.	NAME OF DECEASED (1/2) Port of the Control of the C	Doy Year
hin y	, _	1	SEX 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In year) IF UNDER	1 YEAR IF UNDER 24 HRS
d wil			M WIDOWED DIVORCED 12-6-78 lost birthday! Months	Days Hours Min
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nd o	2.	L	Relifet Corinth, Greece ".	S.A.
e be execu an and car carbon pap ofter death		13.	FATHER'S NAME	
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IAN endi ficat ficat the			OR CONTRIBUTING CAUSE OF DEATH	
r off certi		MEDICAL		County) (State)
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ING Ospi- ed fo			21. I certify that I attended the deceased from 5-7-1 1957, to 9 - 2-, 1957, that I	last saw the deceased
END he h R: A soch buri			alive an, 19.0, and that death accurred at 110 T.M., fram the causes and an t	
ATT PATT CIO	,		ACTUAL DIAMAND ON SUL OCON / 1/2 CENTROL CITY OF TOWN, STOTE)	DATE SIGNED
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reloi nu nu nu nu nu nu nu nu nu nu nu nu nu			PHYSICIAN'S SAMUEL VIN SUGARMO MT. ICAINIER	14
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5 5 8 4 8 4		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
VS A15 (4) 15M 9755			SEP 4 57 1 188-6-1	uch,
15M 9/33		-	30 Funeral Hone, 4th & Mass, Ave., P. T. Wash, DATE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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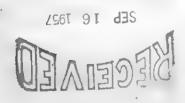
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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1. PLACE OF DEATH a. COUNTY PR	INCE GEORGI	S	MARYLA	- 11	2. USUAL RESIDENCE (M	Vhere deceases	lived If institution b. COUNTY	PRINCE		
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5. SEX	6. COLOR OR RACE	WIDOWE			12-15-56		lost birthday)	Months Day	R IF UND	
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	E Little					NAME Stewart	t			
15. WAS DECEASED EVER	RIN U. S. ARMED FOR If yes, give wor or dates of		SOCIAL SECURITY NO.		harles E. I	Little	Maryland		Md.	
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cause (a), stating t lying cause last.	he under-	Ent			ve organism			A 1 10 1 0 A 0 7 3 7 4 4	L wae	
CATI					(Enter nature of injury in			N IN PART I(d)	PERF	NO [
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Hour a. ji, p. m.	19	While of work	Nat while at work	facto	ry, street, affice bldg., el	Ic.)		(Count		(State)
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ACTUAL SIGNATURE	ox M	Hox	yberg	м.	0.7016- Fre	ADDRESS (SI	feat	lease	ut°	ATE SIGN
PHYSICIAN'S NAME (Type)	N. 22b. DATE THEREO)F	22c. NAME OF CEMETI	EDV OB	CREMATORY	Imi Iocai	IONI (Cir.			
REMOVAL (Specify)	9/13/57		Cedar Hil		emetery	Sui	tland Md	•	(Sto	re)
,		as Hy	attsville !	Md.	DATE	BEP 1 6	6/ 1 4/6 2	RAR'S SIGNAT	BKE	



BribEVN A. Z

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 SMEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. cremation 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE MERVI and b. COUNTY Prince George! Prince George's MARYLAND b. CITY OR TOWN (If outside corporete limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Porestville vears Forestville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Flowers Lane 262 Flowers Tane YES NO TO NAME OF 4. DATE Middle Month Doy Year DECEASED OF 1957 DEATH 0 (Type or print) Henry Littleton 9. AGE (in years IF UNDER TYPAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH lost birthday) Months I Colored "ale WIDOWED [7] DIVORCED [YES. 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Virginia general ahorer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Jennie Williams Oscar Littleton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Some as Rosa Trittleton No 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), | INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral thrombosis IMMEDIATE CAUSE (a) **DUE TO** Cardiovascular renal disease Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES [NO IK 20a EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20f. (City or town) factory, street, office bldg., etc.) While Not while 0 0 at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy \(\pi\), Inspection \(\pi\), Inquiry \(\pi\), and find that to the Chief. death-resulted fram: Natural causes X X Accident Suicide . Homicide . Undetermined cause 5 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER | 모경 9/11/57 EXAMINED'S James I. Воло DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify). 0 - 5 Memori FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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BECEINED

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7 35	; 9892 CERTIFICATE OF DEATH Reg. Dist. No. 9813
il director, filed with	1. PLACE OF DEATH O. COUNTY PRINCE GEORGE S MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND 3. STATE MARYLAND 4. COUNTY BA TIMORE
funeral suld be fi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) ALC ATONS WATONS WATE 2 V.) 1-4
avrs after on by the ord 2 she	d. NAME OF HOSPITAL (IF not in hospital give street address) OR NISTITUTION OR AURE ON A FARM YES NO A NO A ON A FARM YES N
in 24 h	3 NAME OF DECEASED (Type or print) S. SEX 16. COLOR OR RACE, 7. MARRIED TO R. DATE OF RIPTH 19. AGE (In very UF UNDER LYPER HER) 19. AGE (In very UF UNDER LYPER HER)
npletely vers. Pa	FEMALE WhiTE WIDOWED DIVORCED NOV. 16, 1867 8 graphdor) Months Days Hours Min.
cnd con bon pop er death	dring most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S NAME
physician move car haurs and	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
oth certing places remain 72 h	Tes. no. or prehnove) [If yet, give wor or dofes of service) [IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] [INTERVAL BETWEEN]
of the de-	PART I. DEATH WAS CAUSED BY: HYPOSTATIC CONGESTION ONSET NOT DEATH HE BARS. DUE TO DU
gned by permit. in any	Conditions, if ony, which gave rise to immediate couse (a), stating the under DUE TO CONTRACT A STATE OF CAR CITIS SEVERAL 4 12
ysician. ysician. been si transit al, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
uns The ding photograph of the purial of the	YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH UTILITY MEDICAL EXAMINER)
PHYSICIA al or atternis certific use as the emation, c	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED toclory, street, office bldg., etc.) While Not while of work of work of work of work of work.
Abing 1	21. I certify that I attended the deceased from A. W. G. 24, 1940, to SEDT 9, 195 That I last saw the deceased alive an SB 11 1 27, and that death accurred of SAM, from the causes and on the date stated above.
A ATTER d by the RECTOR. be detaction to be	ACTUAL SIGNATURE CLLC (CTUATION M.D.) A LIRE STORES (Street, city or town, store) ACTUAL SIGNATURE
retaine could could istror pri	PHYSICIAN'S TESSE CI COQQINS LAUREI - MARVIAND
D HOSP may be page the regi	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CENETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
VS A15 (4) 15M 9/55	23- FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
15M 9/55	DATE SEP 11 57 OUT CALLED

SUBERU K. E.

SEP 11 1957

MECEDALL

MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9754 CERTIFICATE OF DEATH Reg. Dist. No. 345
1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND 2 USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hyattsville Hyattsville
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5604 Hamilton Manor Drive 6. IS RESTDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Edgar O. Marshall Lost Description of Death Sept 12 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH White Whowed Divorced Divorced Ap. 1883 9. AGE (in yeors lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done Russiness or INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Rec. P.
13. FATHER'S NAME William Marshall Jennie Villiam Marshall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 17. INFORMANT Same 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Bessie Marshall Same
18. CAUSE OF DEATH [Enter only one couse per line for [0], (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [0] Hyocardial Infarction Part in the couse in the
Conditions, if ony, which gave rise to immediate couse (o), storing the under-
Ving couse last. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work at work at work at work at work.
21. I certify that I attended the deceased from August , 1956, to Sept 12, 1957, that I last saw the deceased alive an September 11, 1257, and that death accurred at 7:15 AM, from the causes and on the date stated above ADORESS (Street, city or town, state) DATE SIGNED
SIGNATURE SIGNATURE 9-12-57
PHYSICIAN'S Arnold A. Lear, M. D. Hyattsville, Naryland 20. REMATION, 22b. Date THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, Town, or county) (Stote)
Bur Palspecin 9-16-57 Cedar Hill Suitland Md.
Lee Funeral Home - 300 -4th St N.E. Wash 240, REGISTRAR 246, REGISTRAR'S SIGNATURE 246, REGISTRAR'S SI

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ation,	L		. 98	MEDICA	L EXAMINE	R'S	CERTIFICAT	re of	DEATH	Reg. Dist.	No.
should	1,	PLACE OF DEATH					2. USUAL RESIDENCE (V	Yhere deced	sed lived. If institu	tion: Residence	before admission)
and		Pri	ice Geor	rges	MARYL	AND	o. STATE Mary	land	b. COUNTY	Howar	rd.
Pogoty		ond give neores) (over)	iutiide corporate lim	nets, werte BURAL	c. LENGTH OF STAY IN	i 1b	c. CITY OR TOWN (IF	outside co	rporate limits, write	RURAL and giv	e necrest fown)
0 _\		Laur	rel		D.O.A.		I	aurel	13x		
dar.	Г	d. NAME OF HOSPITA	L OR INSTITUT	ION (If not in ho	spital, give street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Prior A.A.	L	Office of	Bryan	Warren,	M.D.						YES NO
ole	3.	NAME OF DECEASED		First	Middle		Last	4. DATE	Month	Đ	ay Year
a section of the sect		(Type or print)	Joan	Louise	Elizabeth	M	iles	DEATH	September	11.	19 57
프 하	5.	SEX	6. COLOR OR	RACE 7. MARRI	ED NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IFUNDER TYE	
# Pad #		Fensie	colors	WIDOWE	D DIVORCED	١.	Oct. 24. 195	5	yrs.	Months Day	Hours Min.
deal 3 + Wi	100		N (Give kind of	work done 10b.	KIND OF BUSINESS OR IN		Y 11. BIRTHPLACE (Stote	or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?
الم		none	ma, e				Marylan	nel		II.	SAA
Tage of the state	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N				
The sould		Char	cles Sch	affer			Mary	Mil	0.5		
Poges 5		WAS DECEASED EVE	R IN U. S. ARMI		SOCIAL SECURITY NO.	17. IN	FORMANT		Address		
if and the control of			, , , , , , , , , , , , , , , , , ,			Ma	ry Miles: ss	me ad	dress		
MA G		18. CAUSE OF DEATH	H [Enter only o	ne couse per line	for (o), (b), and (c).					H	NTERVAL BETWEEN
Per 18.		PART I. DEATH	WAS CAUSED	BY:	iffuse brone	hor	neumon1a				
Hem for vsit		491X		E TO							
in in it is		Conditions, if on	y, which)	(b)							
Id b		gove rise to immedi (o), stating the u		JE TO							
ole ole		couse tost.)	[c]							
fice os	Z	PART II. OTHE	R SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	NALDISEAS	E CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPSY
Se Carrie	FICATION										YES NO
senti sen's	I E	20a. EXTERNAL CAUS		206. DESCRIB	E HOW INJURY OCCURR	ED. (En	ter noture of injury in Port	l or Port I	l of item 18.)		
A P E P E P E P E P E P E P E P E P E P	CERT	CAUSE OF DEATH.	IKIBUTING D								
Word Exc Shou	3	20c. TIME OF INJURY	Month, Do		3	PLAC	E OF INJURY (Home, form	20f (Cit	y or town)	(County)	(Stote)
S 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	MEDICAL	Hour c.m.		19 of we	e Not white	TOCTO	ry, street, office bldg., etc.				
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X E E					Accident []		ide 🔲, Homicide		indetermined c		
A CO		1			1		۵,				
fico the TRIE		ACTUAL SIGNATURE	Plan .).9M/4	lonen		M.D. CHIEF MEDICAL EX	AMINER [1		DATE SIGNED
San	1	Sidilation.	the best of the Co.				ASSISTANT MEDIC	AL EXAMIN	ER 🔲		
2 2 2 2		EXAMINER'S NAME (Type)		T. Male	nev. M.D.		DEPUTY MEDICAL	EXAMINER	Ser	ot. 13.	1057
DEP.	220	BURIAL, CREMATION	1, 22b, DATE 1	HEREOF	22c. NAME OF CEMETER	Y OR (TION (City, town, o	المستشفة	(Stote)
0 3 2 0 5	j.	SEMOVAL (Specify)	0.30h	T13/	Ray		Phohel	an	mo On	und.	170 m
	23.	FUNERAL DIRECTOR'S	SIGNATURE	00	ADDRESS	-	240. REC"	D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGNA	TURE
VS. A15ME(S)	1	idale.	201	Pm 111	1 Taxal	0	L DATE	n 4 e 1	F7 D.	-	7
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SEP 16 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09816 9804 **CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (When Terrored lived If institution: Residence before admission) COUNTY filed MARYLAND Prince Georges SKEDING COUNTY NEWS AND ASSESSED. rince Georges deoth: uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 ê c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Cheverly Hr 30Min Seabrook d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General 91th Ave. NAME OF First Middle 4. DATE Month Day DECEASED OF (Type or print) DEATH Baby Boy Sept within 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T DATE OF AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days WIDOWED [DIVORCED | Male White YES 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Marvland carbon ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion hours remove 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 2 attending within CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ᆸ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 61.5 **DUE TO** permit. any Conditions, if any, which gned gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? burial YES NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) [County] (State) Hour a. ft. factory, street, affice bldg., etc.) While Not while D. m. at work ot wark 21. I certify that I attended the deceased from that I last saw the deceased 8:15P M, from the causes and on the date stated above. alive on death occurred at ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE 20 ō PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c_NAME OF CEMETERY OF CREMATORY 22d LOCATION lawn, or sounty) 0 0 FUNERAL DIRECTOR'S'SIGNATUR ADDRESS 24b, REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

BEYN A. T.

25P 10 1957

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ER: Thi	paom a	al Exon	should	
CAMIN	ling the	Medic	Page 3	
CAL EX	te, wri	Chief	CTOR:	
MEDIC	ert.fico	to the	L DIRE	
EPUTY	cute the estificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	ed to the Chief Medical Exominer's Office along with form PM3. Page 5 may be retained for	XA.	TEMOVO
5. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	cut	far	TO FU AL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the remaining to buriol, cremation,	D
VS	. A	158	ME	51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ORA MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09817

Reg. Dist. No.

	UUTT						vañ. nisi.	1401				
1. PLACE OF DEATH		~		2. USUAL RESIDENCE (ed lived. If institution b, COUNTY		_				
		George					7 77 244 3	rfax				
and give nearest town		RURAL	c. LENGTH OF STAY IN 16	c. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town)								
Upper Mar			Transien			0 % 4	20					
d. NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street pdd(res) At Dr. James Sasscer's Uffice				d. STREET ADDRESS ROUTE								
3. NAME OF DECEASED (Type or print)		ifton	Middle George	Vuns	4. DATE Month OF DEATH Septemb			er 15 1957				
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		1 11 1 1 1 1 1		AP IF UNDER 24 HRS.				
Tale	White	WIDOWED [DIVORCED [August 15.	1917	40 yes.	onths Day	ys Haurs Min.				
100 USUAL OCCUPATION	N (Give kind of work of	one 10b. KIN	ID OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY?				
during most of working	tor	Bu:	ilding	Oklahor	Oklahoma							
13. FATHER'S NAME				14. MOTHER'S MAIDEN	14. MOTHER'S MAIDEN NAME							
Geor	ge Muns			Ollie S	Ollie Strate							
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SC	CIAL SECURITY NO. 17.	INFORMANT		Address						
Tes	Trs Gwendolyn Tuns, same as											
18. CAUSE OF DEAT	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]											
PART I. DEAT	PART I. DEATH WAS CAUSED BY: Coronary thrombosis											
1420.1												
1 1	Conditions, if ony, which) (b) Cardiovascular renal disease											
	gave rise to Immediate cause											
cause lost.	(a) yearing me enderthing											
Z PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY											
CATIC								YES NO				
PART II. OTH 200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING [DESCRIBE H	OW INJURY OCCURRED	(Enter nature of injury in Par	rt For Port II c	of item 18)						
20c. TIME OF INJUR	Y Month, Day, Yea		I.u.	ACE OF INJURY (Home, Fore	n. 20f. (City	or town)	(County	(Stote)				
Hour a.m.	19	While of work	Not while	ciery, success estica diugs, esc	"							
21. I certify th	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry 🚉 and find that											
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .											
			6 >									
SIGNATURE	ACTUAL SIGNATURE DATE SIGNED											
	7-0-0		1	ASSISTANT MEDIC	AL EXAMINER							
EXAMMER'S NAME (Type)	ames I. Boy	rd.	V	DEPUTY MEDICAL	EXAMINER 5	Sept	ember	15, 1957				
22g SURIAL, CREMATIO			NAME OF CEMETERY O	IR CREMATORIA	22d LOCAT	MON' (City, loyel or c		(Sigle)				
BREMOVAL (Specify)	9/18/5	70	Clington	Malional	une	englos		Vas				
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS /	15 - CE . 240. REC"	D BY REGISTR	AR, ZAL REGISTR	AR'S SIGNA	ATURE /				
7. 1 k 20	· 62 3. 7	1200	47341	Aller DATE	act.	The Party	J. J. 2018	is."				

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d ve	2			. 98	05	CERTIFIC	ATE OF D	EATH	4		Reg. Dist	2818	3
Page directar	j.	1	PLACE OF DEATH			MARYLAND	o. STATE	ENCE (WI	here deceased	lived If instituti b. COUNTY	on. Residence	before admi	ssion)
eraf d	kau		Prince B. CITY OR TOWN RURAL ond give r	(If autside carparate limit	s, write c. LEN	IGTH OF STAY IN 16	c. CITY OR TO	OWN (If o	outside corpo	rote limits, write R	URAL and gi	ve nearest tov	vn)
e fun		-	Cheverly.	TAL (If not in hospital, g	ve street address	40 Min.	Hyatts vi	776	Mi.	· · · ·		To IS PE	SIDENCE
by the d 2 st	77			George Gene				last_	Wost_	/ Id.edowaar		ON	A FARM?
24 hg		1	NAME OF DECEASED (Type or print)	Fire		Middle	Last		4. DATE OF DEATH	Man		Day	Year
Pin So		<u> </u>	EX	6. COLOR OR RACE	Iter		Vers				ept 1	YEAR IF UNI	19 57 DER 24 HRS.
letel	/		Male	White	WIDOWED	DIVORCED	Sept 1	17 18	886	9. AGE (In years lost birthday) 71 yrs.	Months D	дауз Новт	~~
omp oper	ė I	100	. USUAL OCCUPATI	ON (Give kind of work drking life, even if retired)		OF BUSINESS OR IND	JSTRY 11. BIRTHPLA	CE (State	or foreign co		12, CITI2	EN OF WHA	T COUNTRY?
e executed within and completely f bon papers. Pag	g ,		ales Re	presentati	ve U.	S. Govit	4.000		ton,	D.C.	υ.,	S.A.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MATY Franzeni 15. MATY Franzeni 15. SAMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yeu, me, or unknown) yeu, give wer or delay of service)													
		{Ye	No unknown)	(If yes, give war or dates of se		SECOKITI NO. 17.	Aranella		Myers		ame as	above	
anding ease re	Ē		18. CAUSE OF DE	ATH [Enter only one con	use per line for (c	1), (b), and (c).]		:				INTERVAL	ETWEEN .
o the	<u> </u>		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Aco	te Pull	HCHGhu	/ /	Eden	70		ONSET AN	D DEATH
P 44	0		420.1	DUE TO		1	.,			;		./	
es Barrier F	A D		Conditions, if a	immediate (Cong	PESTIVE	Hear	-	Fail	Urp		4 W	OPKS
equir signe	<u> </u>		couse (a), stating lying cause last.		Con	OMAHV	Thro	141	6051	'S		161	4105
ow r	õ	CATION	PART II. QT	HER SIGNIFICANT CON	DITIONS CONTRIE	BUTING TO DEATH BU	T NOT RELATED TO T	HE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY ORMED?
has has	o E		20. 156105151		001								3 NO DE
Ficale the bu	5	CERTIFI	OR CONTRIBUTION (IF EITHER, NOTIF)	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCCURR	D. (Enter nature of i	injury in i	Parl I or Parl	II of item 18.)			
or at certi	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MEDICAL	20c. TIME OF INJU Hour Q. ft.			OCCURRED 20e. P	ACE OF INJURY (Ho	ome, farm bldg., etc	20f. (City	or town)	(Co	unly)	(Stale)
o is railing	rie d	*	p. m.	19	at work at	/-	1/		204 1	0	77		
Afte hed	ē		alive on 50	hat I ottended the	deceased fro	, and that deat	, 19.5 (11:21	ept, /				deceased
Y the	2 2		dille olisz-ge		- lastauf.	., one mor dear	occurred at	ــــــــــــــــــــــــــــــــــــــ		n the Causes o			ted above. DATE SJGNED
SEC P	1		ACTUAL SIGNATURE	CHag	lage	2_	м.о. 3308	9 /	erry	St, Mr.	Baime	n, 141	9/20/
Y is a	i i		PHYSICIAN'S NAME (Type)	Dr. C	Hageage		330	8-	Pern	54. M	t. Rai	HIEL	md
S C S	D)	220	REMOVAL (Specify	ON, 226. DATE THEREO	F 22c. 1	NAME OF CEMETERY	R CREMATORY Comet	terv	22d LOCAT	ion (City, Iown, o	or county)	envilos	ote)
5 5 6 5	Ĕ	23.	FUNERAL DIRECTOR	9/23/5	7	ont Line	In		D BY REGIST		STRAR'S SIGN		404
VS A15 (4) 15M 9/55		7,	Palley 2	tuneral	forms. 3	3200 K.	4 une of			57 (W-	edu	ch	
			1/	In	C .				-	T W T T			



JOSEPH NEIMARICH 119819 -CERTIFICATE OF DEATH Rea. Dist. No. Will PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) filed a. STATE b. COUNTY MARYLAND VIMCE b CITY OR TOWN (if guiside corporate limits, write & LENGTH OF STAY IN 16 Pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! OCKU d. NAME OF HOSPITAL (If not in hospital, give street address)
OR, INSTITUTION d. STREET ADDRESS e IS RESIDENCE 12804 W ON A FARM? YES NO SINE NAME OF / First Middle 4. DATE Day Year DECEASED (Type or print) DEATH Marich 19.5 S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HE Months Days Hours DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State as foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) J5337719. El 44005. carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move . 770E 25-6 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 24.60 DUE TO Conditions, if ony, which gove rise to immediate DUE TO cattle (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES TI NO D 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or tawn) Day. Not while (Caunty) (State) factory, street, affice bldg., etc.) Haur a.m. While of work of work p. m. 21. I certify that I attended the deceased fram, 19_52 that I last saw the deceased alive on. and that death occurred at iO M, from the causes and an the date stated above. ADBRESS (Sweet, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE 70 PHYSICIAN'S ERNES 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county) (State) page REMOVAL (Specify) D, CDURIAS 0 RAL/DIRECTORS 240. REC'D BY REGISTRAR Mb. REGISTRAR'S SIGNATURE VS A15 (4) DATESTP 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE.. 18

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MARYLAND STATE DEPARTMENT OF HEALTH-DALITMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. cremotion necessory, please extor. Page 4 should 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNT COUNT O. STATE MARYLAND b. CITY OR TOWN c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) director. d. NAME OF d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🗍 NO 3. NAME OF First Middle DATE Year DECEASED (Type or print) DEATH 19 5 5. SEX COLOR OR RACE 7- MARRIED NEVER MARRIED 9 AGE (In yales IF UNDER TYEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days Haum Min. DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR EIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? duribe most groworking life, even if retired) 33. FATHER'S NAME 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 9 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 1440LA **DUE TO** Conditions, if any, which pencil gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hall 19. WAS AUTOPSY PERFORMED? NO D 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY | ar CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lawn) (County) (State) factory, street, office bldg., etc.) Hour g. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry Land find that RECTOR: death resulted from: Natural causes Dr. Accident . Suicide | 1, Homicide . Undetermined cause DATE SIGNED ACTUÀ CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER! NAME (Type DEPUTY MEDICAL EXAMINER TO DEMU 220. BURNAL CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, of county) (State) REMOVAL (Specify) O 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR -24b. REGISTRAR'S SIGNATURE VS. A 15ME(5) SEP 5M 9/55

MIJEVN A' E

VEST ABOUTED THE

FOR STATE HEALTH DEPT.

O BEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe.

The certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 sh.

A sh.

So farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be mined for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Filespages 1 and 2 with the state Board of Health, or its designated agent, prior to barial, cremation, or removal, and in any rest within 72 hours after death

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VS /	ATSME
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09821 9755 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

 	 	 Reg. Dist. No.
 	 _	

1. PLACE OF DEATH	- O y O D .		Ī	2 USUAL RESIDEN	CE (Where deceas	ed lived. If instit	ulion: Residence	e before odmiss on)
B. COUNTY	rince Georges		MARYLAND	o. STATE	arvland	b. COUNT	N	
b. CITY OR TOWN I	If outside corporate limits, write RU		OF STAY IN 16			orate limits, write	RURAL ond gi	
and give mearest law	tsville	5 ye	ara	A 850M	Hyattsvi			
	TAL OR INSTITUTION (If no			d STREET ADDRE		776		e IS RESIDENCE
2119 Te	wisdale Drive			1	9),10 Tanz	isdale_d	rive	ON A FARM
3. NAME OF	First	The series of the series	idd e	lost	4. DATE	Moni		Doy Yeor
(Type or print)	Carl		Oksaner		OF DEATH	Septemb		5 19 5
5. SEX	6 COLOR OR RACE 7.	MARRIED T NEVER				9 AGE (In years	4	EAR IF UNDER 24 H
Male	white w	VIG DEWOOD	ORCED [April 13	. 1884	73 yrs	Months Do	ys Haves Min.
100 USUAL OCCUPAT	ION (Give kind of work don	106 KIND OF BUSIN	ESS OR INDUSTR			ountry)	12 CITIZE	N OF WHAT COUNT
	ing life, even if retired)	City of D	nluth. N	Hnn. 1	Finland		11	S.A.
13. FATHER'S NAME		0203 02 0	direction of the second	14. MOTHER'S MAID				
Ott	o Oksanen			1	Unknown			
15. WAS DECEASED ET	VER IN U. S ARMED FORCE		ITY NO 17 IN	FORMANT	OTHER CHAIL	Address	L CAMPANIAN C.	ti destas delle a
No. er unknown		co)		John Aren	a: same	address		
	ATH Enter only one couse :	per line for (o), (b), one	d (c))	Address also are		areas on h	· T	INTERVAL BETWEEN
PART E DEA	TH WAS CAUSED BY:	Toxe	mda					ONSET AND DEATH
2/0.5	DUE TO							
Conditions, if		Inte	stinal o	bstructio	n			
gove rise to imme	ediote couse				-			· magazini
(o), stating the couse fast.	underlying (c)							
Z PART II, OT	HER SIGNIFICANT CONDIT	ONS CONTRIBUTING T	O DEATH BUT N	OT RELATED TO THE I	ERM NALDISEAS	E CONDITION GI	VEN IN PART I	(o) 19. WAS AUTOPS
)¥								PERFORMED?
PART IF, OT	USE WAS 206.	DESCRIBE HOW INJURY	OCCURRED. (Er	ter nature of injury in	n Part I ar Port II	of item 18)		
TRIMARY OF OF CO	NIKIBUTING []							
3 20c TIME OF INIL	JRY Month, Doy, Year	20d INJURY OCCU		E OF INJURY (Home,	form, 120f (City	or town)	(County	r) (State
20c TIME OF INJU		While Not who of work T at work	TIT and	ry, street, office bldg.	etc.;			
	hot I toak charge o	The remains de	scribed abov	e, held on Aut	opsy [], Ir	spection X	, Inquiry	, ond in n
	resulted from: Na	_		_	. Homicide		ermined mo	
1	6 - 4	,	L.	J, 0011130 [_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		armined mo	mici 🔲
ACTUAL SIGNATURE	The Charles	alone		M D CHIEF MEDIC	AL EXAMINER			DATE SIGNED
	W. K. K. L.	1	* Martin comm		EDICAL EXAMINE	R 🗀		
EXAMINER'S' NAME (Type)	John T. Malo	mey. M.D.		DEPUTY MEDI	CAL EXAMINER	Serv	t. 25,	1957
220 BURIAL CREMATI	ON 1225 DATE THEREOF	700 74000 77	CEMETERY OR	-		E COP		L/JE . (State) _
Burial	9/27/57	Gate	of Heave	en	Sil	ver Spri	ings, M	laryland.
23. FUNERAL DIRECTO	The same same	ADDRESS		240.	REC'D BY REGIST	RAR 24b. REG	STRAR'S SIGN	ATURE 7
F. G	asch's Sons	Hyattsvil	le, Md.	DAI	FP 20	105-	1	Mari
<u></u>	r	*			J	1307	2000	menas,

BUREAU Y E

DEINTER!

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 980 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY **b.** COUNTY Heolth. Montgomery MARYLAND Prince Georges b CITY OR TOWN (Il outside corporate him to, write RUIAL c. LENGTH OF STAY IN 16 c City OR TOWN (if autside corporate lim ts, write RJRAL and give nearest town) 粉 Rockville D.O.A. Riverdale e. IS RESIDENCE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Po 00 YES NO 🔁 Leland Memorial Hospital 20h Adams Stree 3. NAME OF Middle First DECEASED Peddicord , Jr. 57 DEATH September (Type or print) Edgar 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 3 8. DATE OF BIRTH 9 AGE (In years 5 SEX IF UNDER LYFAR IF UNDER 24 HSS ъ 0 Manths Days Hours WIDOWED [DIVORCED [Male 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? oge during most of working life, even if retired) U.S.A. Dist. of Columbia Machinist 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Edgar Peddicord Lucille Rice 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT (If yes, give war or dates of service) Rockville, Maryland Mother: INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] GNSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) **DUE TO** Fractured skull Canditians, if any, which gave size to immediate cause **DUE TO** (a), stating the underlying couse last. PART H. OTHER SIGNIFICANT CONDIT ONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO T 20d. EXTERNAL CAUSE WAS PRIMARY IN INCONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW NIJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) Passenger in an automobile in collision with a bridge. 20c TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (Caunty) (Stote) factory, street, office bldg , etc.) al work at work Beltsville Pr. Geo. Md. 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection 📆 Inquiry X. and in my opin on deoth resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner DATE SIGNED E **ACTUAL** CHIEF MEDICAL EXAMINER S E SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME [Type] John T. Maloney, M.D. 22c NAME OF CEMETERY OR CREMATORY 22g BURIAL, CREMAT ON, 22b. DATE THEREOF 22d LOCATION (City, town, or county) Darnestown Church Cem. | Darnestown, Md. 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR TO REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md.

BUREAU V. R.

EP TO 1957

09823

9907

CERTIFICATE OF DEATH

		. 3007	- CERTIFICA	AIL OI DEAIL	•	Reg. Dist	l. No.
	1. PLACE OF DEATH		ALARYI AND	2. USUAL RESIDENCE (W		If institution Residence	e before admission)
H	Prince Geor	CHER	MARYLAND	MD			C
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	11 WAR BOTTON	outside corporate lim	nits, write RURAL and gr	va negresi rown)
	Cheverly			Navlor	X		
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stree	of address)	d. STREET ADDRESS	1		e. IS RESIDENCE ON A FARM?
		ges Gen. Hospi	tal	Box C 87			YES NO NO
	3. NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE OF DEATH	Month	Day Yeor
	5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	Set	tember 11	YEAR IF UNDER 24 HRS
	Female	7	WED DIVORCED	1_6_02	lost	1 1 1 1	Days Hours Min
	100 USUAL OCCUPATIO	ON (Give kind of work done 10)	. KIND OF BUSINESS OR INDU		or foreign country)		ZEN OF WHAT COUNTRY
	Buring most of worl	ring life, even if retired]	Housewif	e. Mary	and)	1.9.
\forall	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		21.22
	Rich	ard Skin	ner	E 1120	beth	Spene	8
	75. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16 (If yes, give wor or detec of service)	S. SOCIAL SECURITY NO. 17.	NFORMANT	1	Address	. 1 1
	NO			Joseph K	nkney	Box 87	Naylor, Md
		TH [Enter only one couse per	line for (o), (b), and (c).	0 . 6/-	~ .	7. 0	INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ouges	sue Ne	aro	racher	sneoly
	200	DUE TO	W. harda	//	00.1	77 ~	1110-
- }	Conditions, if a		y verie	usise N	eary	Museou	o 1 year
	couse (a), stating						
	Z lying cause lost.	(c)	CONTRIBUTION TO DELETING				
,	PARI II. OIF	7 0 A A	CONTRIBUTING TO DEATH BUT	NOT RECASED TO THE TERM	INAL DISEASE COND	DITION GIVEN IN PART	PERFORMED?
	20a. ACCIDENT WA	S UNDERLYING FI 206, DE	SCRIBE HOW INJURY OCCURRE	D. (Foler poture of injury in	Port I or Part II of it	tem 18 1	YES NO
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	JEMOE HOW HUGHT OCCORD	es temes notore or injury ar	TOTAL TOTAL	10.1	
	20c. TIME OF INJUR	Y Month, Day, Year 20d. While		ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (City or low	n] (Co	ounty) (State)
	ž p. m.		ork of work				
1	21. I certify th	at I attended the deced	sed fram. 8-24	, 19 <u>57</u> , ta_ <u>9-</u>	11-	., 19 <u>.57.,</u> that I lo	ast saw the deceased
-1	alive on	9411- 12	57, and that death	accurred o 2:15 F			e date stated above.
1	ACTUAL SIGNATURE	QUILLIA S	& Klugar	1 420	ADDRESS (Street, cit	ty or town, state)	DATE SIGNED
		CO TO TO TO TO	9	M.D (V)	() ()	707	~ (1/12/1
	PHYSICIAN'S NAME (Type)	AMUEL	1. N, 50G	AR- M	rica.	NIER	MA
	220 BURIAL, CREMATIO PEREMOVAL (Specify)		22c. NAME OF CEMETERY O	R-GREMATORY	22d. LOCATION (C	ity, town, or county)	(State)
1	Durial	14-14-57	1 3 rooks	Church	Nay	or1	Ma:
	23. FUNERAL DIRECTOR	s signature	ADDRESS 4 939		E PY RECEISTION	24b PEGISTRAR'S STOP	TATORE
ı	- rayour	1	N.F. 19,	DATE DATE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be cetained by the haspital or attending physician.

TO FUN.

DIRECTOR: After this certificate has been signed by the attending physician and campletely fill—t in by the funeral director, page — buld be detached for use as the burial-transit permit. Then please remaye carbon papers. Page and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A1S (4) 15M 9/55

M

xRe

BUREAU V. Z.

ACM TO THE

BECENAED

09824

				<u> </u>	Reg. Dist. No.
1. PLACE OF DEATH D. COUNTY			2. USUAL RESIDENCE (WI	here deceased lived. If instituti	ion: Residence before admission)
	ince Georges	MARYLAND	Maryland	b. COUNTY	ince Georges
b. CITY OR TOWN RURAL and give	(If outside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write R	(URAL and give nearest town)
	everly	85 days	15 Hvattsvi	ille	
	ITAL (If not in hospital, give		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Princ	e Ge pre es Ger	neral Hospital	1/ 1/221 0	elethorpe St.	YES NO Č
DECEASED (Type or print)	First Firma	Middle	réctor	4. DATE Mon	/
5. SEX		MARRIED T NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White w	IDOWED DIVORCED	16 June 19	904 B253 yr	Months Days Hours Min.
Oa. USUAL OCCUPAT during most of wo	ON (Give kind of work don rking life, even if refired) SCWIIC	Own Home	JSTRY 11. BIRTHPLACE (Slote	or foreign country)	U S A
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
Edwa	ard B Simond	S		Delia E. Las	ster
IS. WAS DECEASED EV (You no or unknown)	ER IN U. S. ARMED FORCES (If yes, give wer or dates of service 12 O		C. Oliver Pro	octor Hyatts	sville, Md.
		per line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
100 100 1	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	CARCINO	MATIOSI	5	10 WKs
1/5X	DUE TO	0		,	7
Conditions, if		CARCINOM	A OF OU	ary	
lying couse lost	the under-		U		
3		ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT W OR CONTRIBUTING	AS UNDERLYING (1) 201 G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in I	Part I or Port II of item 18.)	
20c. TIME OF INJU Hour a. ji. p. m.	10	20d, INJURY OCCURRED 20e. Pl While Not while to 10 work 0 twork	IACE OF INJURY (Home, farm actory, street, office bldg., etc.	20f. (City or town)	[County] (Stote)
21. I certify t	hat I attended the de	eceased from 9	1, 1955, 10	4/30 1951	,that I last saw the deceased
alive on	9/30	12_5_/, and that death	occurred at 5.30		and on the date stated above
	3 11	1 /		ADDRESS (Street city or town,	
SIGNATURE	of the		MD. Jeatt	Telle	JOY 7-50:04
PHYSICIAN'S NAME (Type)	Dr.A. Deitz	' 5			
20. BURIAL, CREMATI	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, o	or county) (State)
DUPLAL Specify	10/2/57	Fort Lincoln	n Cemetery	Colmar Manor	
3. FUNERAL DIRECTO		ADDRESS			STRAR'S SIGNATULE
F. Gasch	's ons H	yattsville Mary	land. DATE	OCT 4 '57 (00	Heaven

'57

OCT 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.: Page 4 in by the funeral director, and 2 should be filed with may be retained by the haspital or attending physician.

• DIRECTOR: After this certificate has been signed by the attending physician and completely page. Senauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pathe registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUN to retained VS A15 (4) 15M 9/55

enuevo v. E.

1961 TO 1970

haurs ofter death.

within 24



BUREAU V. S.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09826
W	CERTIFICATE OF DEATH Reg. Dist. No.
Page director	1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Georges
funeral fund be	b. CITY OR TOWN (If outside corporate limit, write RURAL and give nearest town) RURAL and give nearest town) Shit 2nd
urs afte by the id 2 sha	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Whitehall Street 17004 Griep Street on a FARM? YES D NO []
n 24 ha	3. NAME OF DECEASED (Type or print) Bessie First E. Middle RIEGER 4. DATE Sept. Man 1 23, 1878)
pletely presely pre-Page	S. SEX Fe male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH SAGE IN yours If UNDER 14 FRS. Iost birthdoy) Months Doys Hours Min.
Ind com on pape death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Housewife Home New York Gty, N.Y. 12 CITIZEN OF WHAT COUNTRY? What coff A.
sicion o	Albert Sylvester Frazier Hanna Moore
ing phy se remo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. 18 yes, give wer or doller of service) Mrs. R. S. Tryon, 7004 Griep St., Pleasent.
tothend to thend to within	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart Failure Week
d by the	conditions, if ony, which) (b) Arteriorderatio Heart Disease ? years
require	gove rise to immediate codie (a), stating the under: lying couse lost. Commediate DUE TO
physic physic has bee rial-trai	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\text{NOT} NO \(\text{P} \)
tending tending discale the bu	206. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 207. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC at all this cert this cert are use as the certain certain certain the c	20c TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work at work.
INDING the haspill the Affer sched fo nurial, a	21. I certify that I attended the deceased from Sept. 25, 1956 to Sept. 16, 1957, that I last saw the deceased alive on Sept. 15, and that death occurred at 2.4 M, from the causes and an the date stated above.
RECTOR TO LEGISTRAND TO LEGISTRAND LEGISTRAN	ACTUAL SIGNATURE Walnut Will Libson M.D. 2412 Minnesota Avenue, S.E.
PITAL O	PHYSICIAN'S Walcutt W. Gibson Washington 20, D. C.
may be page the reg	burial (cremation) 22b. Date thereof 9/19/57 Arlington National 22d. Location (city, town, or county) Ft. Myer, Va.
VS A15 (4) 15M 9/55	The S.H. Hines Co. Washington, D.C. Date 1 195 (and camblell

BUREAU V. K.

2561 77 9387

BECEINED

within 21 hours

ex O

TO HOSPITAL

BUREAU V. S.

255 TO 438

BECEINED

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
E (BN		9811 CERTIFICATE OF DEATH Reg.	09828 Dist. No.
	1.	PLACE OF DEATH b. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Resi c. STATE D. COUNTY B. COUNTY D. COUNTY D	idence before admission)
2	-	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 C CITY OR TOWN (If outside corporate limits, write RURAL or SURAL	
× %		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION TO WOULD STREET.	e is residence On a farm? YES NOVE
		NAME OF (Type or print) CARRIE Month OF DEATH SEDE	Day Year
	5.		DER 1 YEAR IF UNDER 24 HRS
1	10c		CITIZEN OF WHAT COUNTRY?
I)	13.	FATHER'S NAME LACK HARRIS 14. MOTHER'S MAIDEN NAME LACK HARRIS	
	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO. OF WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ADDRESS	- Rially and lover
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) TREAT / A	INTERVAL BETWEEN ONSET AND DEATH
		Condition it any which Due to Character Airphanting Airphanting	4-5 XRS
		gove rise to immediate couse (a), stating the under- lying couse lost. (b) CT TEDN 1 C VASCULAR ALSOCALS F	5-10 yrs.
٠	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	PART I(o) 19. WAS AUTOPSY PERFORMED? YES TO NO RT
	CERTIFIC	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Nat while of work of wo	(County) (State)
		21. I certify that I attended the deceased from / VATSCH 5, 1937, to 20pt, 4, 1927, that	I last saw the deceased
1		alive an Sept. 1997, and that death occurred at #35 A M, from the causes and an ADDRESS (Street, city or fown, stole) ACTUAL SIGNATURE ALTO A SECTION OF THE STORY OF THE ST	the date stated above. DATE SIGNED LU-5
·		PHYSICIAN'S NAME (Type) NG W. SpillER BRENTWOOL MAR	RVHANO
	220	BURIAD CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or countries of the countrie	(State)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS LINE ALL CUSTOMYTEN 467 N OF MILL DATE	SIGNATURE
			H CASNICE

BECEINED

25EP 9 1957

BUREAU V. E.

9848 **CERTIFICATE OF DEATH** Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed **55COUNTY** MARYLAND ebyges 21nCE death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town! NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES PR NO T NAME OF First Middle DATE Lost Day Year DECEASED (Type or print) DEATH 195 within 5. SEX 6. COLORIOR RACE 7. MARRIED MEVER MARRIED B. DATE OF BIRTH 9. AGE In years IF UNDER I YEAR IF UNDER 24 HRS. lost Birthdoy) Months Davs Hours Min. WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Oring most of working life, even if retired) 13 FATHER'S NAME MOTHER'S MAIDEN NAME SMOVE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ecse CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ፭ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which ! gove rise to immediate ٠<u>. د</u> DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [] NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port & or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. n. While Not white of work of work p. m. 21. I certify that I attended the deceased from Lithat I last saw the deceased and that death accurred at 1.1. M, fram the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE 풉 ъ 7 3 PHYSICIAN'S NAME (Type) 22Ь. 220. BURIAL, CREMATION, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d AOCATION (City, town, or county) FUR (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) O 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DEEAU V. L.

SECTIVED 1957

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		9812 CERTIFICATE OF DEATH Reg. Dist. No. 11()74
I director,		D. PLACE OF DEATH a. COUNTY TO NOTE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY D. D
2 2	0)	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b RURAL and give nearest town) RURAL and give nearest town)
n by the fun nd 2 should		d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTIONS TY I NO F CIED (CIED) d. STREET ADDRESS 1/09 - Cheste HOVE YES NO
		3. NAME OF DECEASED (Type or print) Baby (Tir) Savor DEATH Sopt, 10 195
campletely fi	(i	5. SEX 6. COLOR OR RACE 7. MARKIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years last birthday) Manths Days Hoyrs Minths Minths Days Hoyrs Minths Days Hoyrs Minths Mi
	deolh.	10b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stale or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY Mary Land
physician and remave carbon	haurs after death.	Thomas Le Roy Harrison Mary Deloves Savoy
	72 havr	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address /
attending	within 72	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH ONSET AND DEATH
0 5	eveni	PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (a) PARANT UVITY 2050 gms. (Guncher) ONSET AND DEATH ONSET AND DEATH
E E	נים טו	Conditions, if any, which gave rise to immediate couse (a), stating the under: DUE TO
ysic bee	raf, and	1/ying couse lost. (e)
ading phasiate bas	or remaya	YES NO OR CACIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
or other is certification use as the	matian,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. jr. P. m. 19 Oct work Occurred foctory, street, office bldg., etc.) (County) (State)
haspita After th	nal, cre	21. I certify that I attended the deceased from Aug 10 , 1957, to Sight 1 last saw the deceased
Ily the CTOR:	5 5	actual signature Selection. Tulkio MAD 301 Habeulle SE Hithwill 9/11/5
toin bine ould be	ror prio	PHYSICIAN'S John W. Perking
N P		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
TO T	<u>e</u> (renation 10/11/57 Prince George's General Hospital Cheverly, Mas. 2. FUNDES 1240, REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/5\$		Pane J. Adviristrator. DATE OF 16'57 Pleasuch

BECEINED

BUREAU V. L.

VCT 16 1957

BUREAU V. E.

OCT 16 1957

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 9849 Reg. Dist. No. 242 filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Prince Georges! b. COUNTY MARYLAND Prince Georges! Marvland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) Forestville Forestville d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
7501 Mariboro Piles C. T. d STREET ADDRESS ON A FARM? 7501 Marlboro Pike, S.E. Marlboro Pike, S.E. YES NO IX NAME OF 4. DATE OF DEATH Middle Year DECEASED (Type or print) Flossie Mav Simmons September 1719 57. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FUNDER 1 YEAR IF UNDER 24 HRS AGE (in years last birthday) Months Female WIDOWED T DIVORCED [7] White July 17.1878 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Tenent Housewife Virginia carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Hurt Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) Helen Stamp- same 23 above. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which] gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17, WAS AUTOPSY PERFORMED? YES NO 17 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Q. fle __Not_while at work at work 21. I certify that I attended the deceased from 64.1 . ta_VC 12.19.5 / that I last saw the deceased and that death occurred at A. M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S / 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) Burial Burial Maryland. Addison's Chapel Cem: Seat Pleasant, 23. FUNERAL DIRECTOR'S SIGNATURE Upper 245 FREC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Ritchie Bros. Funeral Home-Marlboro, Md. DATE

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BUREAU V. S.

SEP 13 1957

DECENARE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 9816 with director Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY filed p. STATE b. COUNTY MARYLAND Prince Georges death. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) å RURAL and give nearest town) 를 Cheverly District Heights d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Prince Georges General Hospital 7805 Hallack Street NAME OF First Middle 4. DATE Lost Month DECEASED (Type or print) DEATH Bonnie Stottlemire September 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH P. AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED | NEVER MARRIED | DIVORCED [WIDOWED [Female yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stole or foreign country) death. during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address III yes, give wer or dates of service) 22 offending 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ٦ PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (o) **DUE TO** þ E ony Pancytopenia Conditions, if ony, which gned gove rise to immediate peri **DUE TO** couse (o), stoting the underand lying couse lost. Aplastic Anemia burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH cremation, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Doy. Year factory, street, office bldg., etc.) 550 Hour o. m. Not while of work of work p. m. 21. I certify that I attended the deceased from 19. C. 7. that I last saw the deceased loched and that death occurred at 6.05 2. M, from the causes and an the date stated above. alive on, 8 ADDRESS (Street, city or town, state) DIRECT ACTUAL SIGNATURE å price D PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, lown, or county)

ADDRESS

09833

<u>Prince Georges</u>

Day

Days

(County)

24b. REGISTRAR'S SIGNATURE

24o. REC'D BY REGISTRAR

DATECT

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

1 month

month

(Stote)

DATE SIGNED!

(State)

PERFORMED? YES NO

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES NO P

Year

19ピワ

Min.

Rea. Dist. No.

Months

within 24 hours death certificate õ O HOSPITAL 5 Q

V\$ A15 (4)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

BUTTOTAL

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES IXI NO

Year

IF UNDER 24 HRS.

above.

PERFORMED?

DATE SIGNED

car

NO [

Hours

1957.

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VS. A15ME(S) SM 9/55

DECENAED.

BUREAU V. S.

Reg. Dist. N. 9835 CERTIFICATE OF DEATH 9818 With director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY filed o STATE b. COUNTY MARYLAND Prince George Prince George death. eral b. CITY OR TOWN (If outside carporore limits, write c. LENGTH OF STAY IN 16 eg c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) Chever ive neares pwn phoods avs Hyattsville. Md d. NAME OF HOSPITAL (If not in hospital give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 35 CV Prince George General Hospital 7112 Annapolis Rd. YES NO TO NAME OF First Middle 4. DATE Last Month Doy OF DEATH William (Type or print) Sweeney Sept 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday)
52 vs. IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED [DIVORCED [Male 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? carbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician MARGNRET SWEENEN MARY move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) 140X **DUE TO** any Conditions, if any, which 161 gave rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port It of item 18.) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year 20f (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) Not while of work of work 19.5 / that I last saw the deceased 21. I certify that Lattended the deceased fram and that death accurred at 9 e 30 bM, from the causes and on the date stated above. alive on ADDRESS (Street, city on town, ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY (Stote) EMOVAL (Specify) FLINERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 1-GAAVEN.W. VS A15 (4) ISM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. K.

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and the second	9819 CERTIFICATE OF DEATH Reg. Dist. N	09836
(1)	1. PLACE OF DEATH o. COUNTY Prince Georges 2 USUAL RESIDENCE (Where deceased lived if institution: Residence be o STATE b. COUNTY Prince	etare admission) Georges
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give a RURAL and give nearest fown) Cheverly Line Cakefest	
77	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Prince George General Hospital Rt. 2 Box 140	15 RESIDENCE ON A FARM? YES NO
	(Type or print) Baby Boy Taylor DEATH Sept. St	Day Yeor 3 157
	Male White WIDOWED DIVORCED 3 Sept. 1957 lest birthdoy) Months Day:	XI
(I_{\prime})	during most of working life, even if refired) Maryland	OF WHAT COUNTRY?
I,	Frank Taylor, Jr. Mary Nichols	
	(Yes no or unknown) (If yes, give wer or dates of service) mother - as ab	ove
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMATURITY O DUE TO	NIERVAL BETWEEN
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost.	
et de la company	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port L or Port H of Item 18.) (I) FITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED? YES NO
	ZOC TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While Nat while of work at work at wark	(Stote)
	21. I certify that I attended the deceased from Sept. 3, 1957, to Sept. 3, 1957, that I last alive on Sept. 3, 1957, and that death accurred at 11,100M, from the causes and an the o	
1	ACTUAL SIGNATURE KILLER (Street, city or town, stole) M.D. 320 Mentgonnera Laure/MD.	DATE SIGNED
	PHYSICIAN'S FYAN & L. NEQUEN, Jr.	
	270 BURIAL EXPENSATION, 226 DATE THEREOF 20 NAME OF CEMPTERY OR CREMATORY 1 226 (IOCATION (C.W. 1948), or county)	((Stofe)
	23 FUNTERAL DIRECTOR'S SIGNATORY 246. REGISTRAR 246. REGISTRAR'S SIGNAJ	Tipe .

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENTED V. S.



BUREAU V. E.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
سجين	1	9821 CERTIFICATE OF DEATH Reg. Dist. No. 19838747
eral director be filed wit	1	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where declased lived. If institution: Residence before admission) a. STATE D. COUNTY C. COUNT
the funeral should be fi	(1)	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
by the f	7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 470 Longlellow A e. IS RESIDENCE ON A FARM? YES NO
		3 NAME OF DECEASED (Type or print) ANNIE LOUISE THOMPSON OF DEATH SEPT 23-195
oletely Fr		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8- DATE OF BIRTH OF BIRTH JOSEPH JOSEPH MONTHS Days Hours Min.
and complet bon papers.	(I)	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNTRY)
8 8 8		13. FATHER'S NAME Literford 14. MOTHER'S MAIDEN NAME Que Chilliains
otherding physici please remove		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknown) Ill yes, give wor or dates of service)
attending n please re		18. CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) IMMEDIATE CAUSE (0) IMMEDIATE CAUSE (0)
by the o		Conditions, if any, which) Authorite Holpatic Failure
cian. en signed b insit permit.		gove rise to immediate couse (a), stating the under lying couse lost.
1 5 5 F		
ending ph ficate has the burial		20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR FEITHER, NOTIFY MEDICAL EXAMINER]
intel ar att		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. r While Nat while at work at work at work
Afte Si		21. I certify that I attended the deceased from 9-21, 1927, to 7-22, 1927, that I last saw the deceased alive on 1-22, 1957, and that death occurred at 22 M, from the causes and on the date stated above.
2 P P S	2	ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. ACTUAL SIGN
Plained DIRECTOR	5	PHYSICIAN'S WL. ETIENNE College Part ud.
may be page v	2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BIRMOVALISPECIFY Sept 25, 1957 Evergreen Cemetery Bladensburg, Md. (Stote)
VS A15 (4)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's ons Hyattsville Md. ADDRESS DATE: ADDRESS AD
	71	The state of the s

EUREAU V. E.

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BECEINED

9850 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed COUNTY b. COUNTY H b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) 8 RURAL and give nearest lown pinous d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 5 -YES 🔲 NO 🔀 3. NAME OF Middle 4. DATE Month Year DECEASED OF DEATH 195 (Type or print) 50 N S. DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T last birthdoy) Months Days DIVORCED [7] WIDOWED TX USUAL OCCUPATION IGIVE kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE 12 CITIZEN OF WHAT COUNTRY? foreign country) during most of working life, even if retired) HOUSEW, FE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) ardiac 1444 A **DUE TO** Cardiovascular disease, Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? mone YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18) IF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while of work of work 1-Ebrusey, 1952 21. I certify that I attended the deceased from Lithat I last saw the deceased and that death accurred at 7:30 17 M, from the causes and an the date stated above. alive on ACTUAL SIGNATURE PHYSICIAN'S REY NAME (Type) 220 BURIAL, CREMATION, 224 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION ICIN (Stote) BEMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246 REGUSTRAR'S SIGNATURE VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9822

CERTIFICATE OF DEATH

09841

-					•	Reg. Dist	. No.	
	1. PLACE OF DEATH 0. COUNTY PRIN	CE GEORGES	MARYLAND	2. USUAL RESIDENCE (Who a. STATE MD	ere deceased lived, I	f institution Residence	e before admission	3
1	b. CITY OR TOWN (If a RURAL and give near CHEV		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		s, write RURAL and gi		
/	d. NAME OF HOSPITAL	(If not in haspital, give street CE GEORGES GEN	• HOSP•	d. STREET ADDRESS	TSVILLE	31.	e IS RESIDE ON A FA YES N	ARM?
	3. NAME OF DECEASED (Type or print)		THORPE	Lest	4. DATE OF DEATH	Month SEPT.	Day Yeo 19	-4-
	MALE	WHITE WIDOW	DIVORCED	8. DATE OF BIRTH Aug. 29th, 19	19		YEAR IF UNDER :	24 HRS. Min.
Y	Mechanic (E	(Give kind of work done 10b g life, even if retired) lectrical) Wa		1	el, Md.	12. CITIZ	USA	OUNTRY?
/	13. FATHER'S NAME Frank B.	Thorpe		Maude Ev				
1	15. WAS DECEASED EVER II (Yes, no. or unknown) (If) Yes	N U. S ARMED FORCES? 16.		RECE M. Thorpo	e, 4222	Address Kennedy aville, M	St.	
	Conditions, if any, gave rise to imm couse (a), stating the lying couse last.	nediate DUE TO	testatic (of lan	Pu		ONSET AND DE	
	ICATI	R SIGNIFICANT CONDITIONS C					1(a) 19. WAS AUT PERFORM YES N	IED?
		UNDERLYING [] 206. DESI J CAUSE OF DEATH EDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II of iten	n 18)		
	20c. TIME OF INJURY Hour a. p. m.	Month, Day, Year 20d II While al world	Not while for	ACE OF INJURY (Home, farm, clary, street, affice bldg., etc.)	20f. (City or lown)	(Co	ounly)	(State)
1	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	I attended the decease 9/6 195	and that death	M.D. 3303 Perr	Af from the co. DORESS (Street, city y St. Mt.	or town. stote) Lainier,	e date stated DATE	above. signed '5'7
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial	9/9/1957	Fort Lincol		22d. LOCATION (City	anor, Pr.	Geo.Co.	Md.
	W.W.Chambe	ers Company,	Riverdale,	N/A	BY REGISTRAR 2	46. REGISTRAR'S SIGN	ATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be ratained by the hospital or attending physician.

TO F MAL DIRECTOR: After this certificate has been signed by the attending physician and complete!

At DIRECTOR: After this certificate has been signed by the attending physician and complete!

Page 20 should be detached for use as the buriol-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours offer-death. VS A15 (4) 15M 9/55

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BUREAU V. S

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DECENDED

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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please	Đ,		ż	or its designated agent, priar to burial, cremation, or remarch and in any event within 72 hours after death	
0	ex	4	0	ò	

VS ATSME

		382	DICAL	EXAMINER	'S CERTIFICA	ATE OF D	EATH	Red. Ha	342
P	LACE OF DEATH				2 USUAL RESIDENCE	(Where deceased	lived If institu	ilion Residence	before admission)
q	. COUNTY	toe Georges	3.	MARYLANI	o. STATE Dist	of Col	b. COUNT	Υ	
ь	CITY OR TOWN (F)	outs de carporate fimili, write		LENGTH OF STAY IN TH		Con-resident Section was		RURAL and gi	ve negrest lown)
	ented give negresi town)	rerly		D.O.A.	Wash	ington		м	
d		L OR INSTITUTION (If not in hospital		d STREET ADDRESS		· •		e 15 RES . FR
	Prince	Georges Ge	merel H	osnitel	553h Bas	s Place			YES NO
	NAME OF	Fire		M ddle	Lost	4 DATE	Month		Day Year
	DECEASED Type or print)	James		II. agre	Threats	OF DEATH	Sept	-	19 57
S	** * * * * * * * * * * * * * * * * * * *			NEVER MARRIED					EART IF UNDER 24
	_		-		7 02 63		lout birthday	Months Da	
	ale	Calored	WIDOWED [(-2)-10		,		
d	uring most of working	of the even if refired			STRY 11 BIRTHPLACE (SI		Hry)		OF WHAT COUN
	Soldier		U.S	.AIMY	Arken	885		U.	S.A.
3.	FATHER'S NAME				14 MOTHER'S MAIDEI	NAME			
	Leor	Threats			Unknow	n			
		R IN U.S. ARMED FO		IAL SECURITY NO 17.	INFORMANT		Address		
		[]							
7	18. CAUSE OF DEAT	H [Enter only one cou	ise per line for (o), (b), and (c)	1			T	INTERVAL BETWEEN ONSET AND DEATH
		H WAS CAUSED BY:	T	and an and	ale a ale				ONSET AND DEATH
	~	IMMEDIATE CAUSE (o)	1 161						
	911 4			orrhage and	BROCK				
	816x	DUE TO							
	8/6X Conditions, if on gove rise to immed	y, which (b)			shdowen an	d pelvis			
	gove rise to immed (o), stating the u	y, which (b)	Cr	ushed chest	sbdomen an	d pelvis			
	gove rise to immed (o), stoting the u couse last.	y, which (b) note cause nderlying (c)	Cr Au	ushed chest	, abdomen an				
250	gove rise to immed (o), stoting the u couse last.	y, which (b) note cause nderlying (c)	Cr Au	ushed chest	sbdomen an		ONDITION GIV	EN IN PART 1	o) 19. WAS ALTOP PERFORMED?
	gove rise to immed (o), stating the u couse last. FART II, OTH	y, which (b) (b) note couse nutrition (c) ER SIGNIFICANT CON	Cr Au	ushed chest	, abdomen an		ONDITION GIV	EN IN PART I	PERFORMED?
- 1	gove rise to immed (o), stating the u couse last. FART II, OTH	y, which (b) (b) note couse nutrition (c) ER SIGNIFICANT CON	Au DITIONS CONTR	ushed chest	, abdomen an	RMINAL DISEASE C		EN IN PART 1	PERFORMED?
⊆ p	gove rise to immed (o), stoting the u couse last.	y, which (b) (b) note couse nutrition (c) ER SIGNIFICANT CON	Au DITIONS CONTR	temobile ac	abdonen an	RMINAL DISEASE C	Item IS]	EN IN PART I	PERFORMED?
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EDICAL CERSIFY	gove rise to immed (o), stoting the u coute last. FART II, OTHI 20a EXTERNAL CAL PRIMARY D or CON CAUSE OF DEATH. 20c. TIME OF INJUR. Hour	y, which out couse neerlying DUE TO (c) ER SIGNIFICANT CON	DITIONS CONTR	wshed chest tomobile ac BUTING TO DEATH BUT W INJURY OCCURRED T of an aut RY OCCURRED Not while 100 100 100 100 100 100 100 100 100 1	edident Cident NOT RELATED TO THE TEL (Enter noture of injury in a CHODILE in Company in the service of injury (Home, Incorp, street, office bldg., in corp, street, office bldg., in the service of injury (Home, Incorp, street, office bldg., in the service of injury (Home, Incorp, street, office bldg., in the service of injury (Home, Incorp, street, office bldg., in the service of injury).	Part I or Port II of collision orm. 201 (City or ref)	with a	bus. (County	PERFORMED? YES NO [
EDICAL CERSIFY	gove rise to immed (o), storting the u coute last. FART II, OTHI 20a EXTERNAL CAL PRIMARY D or CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour D m.	y, which oute couse nderlying DUE TO (c) ER SIGNIFICANT CON SE WAS 120 Y Month, Day, Yee 9-3-57 19	Au DITIONS CONTR DESCRIBE HO Operato or 20d. Inju While of work	ushed chest tomobile ac USUATING TO DEATH BUT OF AN AUT RY OCCURRED Not white of work o	cident Cident NOT RELATED TO THE TEL (Enter noture of injury in a CHOOLE in C	Part I or Part II of collision	with a sawn)	bus. (County	PERFORMED? YES NO [
במוכצו הפוניוניו	gove rise to immed (o), stoting the u coute last. FARY II, OTHI 20a EXTERNAL CAL PRIMARY D or CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour Death. 21. 1 certify th	y, which out couse neerlying DUE TO (c) ER SIGNIFICANT CON SE WAS ITRIBUTING D Y Menth, Doy, Yea 9-3-57 19 at 1 took chorge	DITIONS CONTROL DESCRIBE HO Operato Or 20d. Inside While of work [ushed chest tomobile ac UBUTING TO DEATH BUT OW INJURY OCCURRED OF an aut RY OCCURRED Ooth while at work Ooth work Ooth of work Ooth o	Cident NOT RELATED TO THE TEL (Enter noture of injury in it according in the company in the c	Port I or Fort II of collision orm. 707 (City or rec.) Land psy (), Insp	with a sawn) over pection [],	County Pr. Ge	PERFORMED: YES NO (Slow) (Slow
במוכצו הפוניוניו	gove rise to immed (o), stoting the u coute last. FARY II, OTHI 20a EXTERNAL CAL PRIMARY D or CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour Death. 21. 1 certify th	y, which out couse neerlying DUE TO (c) ER SIGNIFICANT CON SE WAS ITRIBUTING D Y Menth, Doy, Yea 9-3-57 19 at 1 took chorge	DITIONS CONTROL DESCRIBE HO Operato Or 20d. Inside While of work [ushed chest tomobile ac USUATING TO DEATH BUT OF AN AUT RY OCCURRED Not white of work o	Cident NOT RELATED TO THE TEL (Enter noture of injury in it according in the company in the c	Part I or Part II of collision	with a sawn) over pection [],	County Pr. Ge	YES NO
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במוכצו הפוניוניו	gove rise to immed (o), stoting the u coute last. FARY II, OTHI 20a EXTERNAL CAL PRIMARY D or CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour Death. 21. 1 certify th	y, which out couse neerlying DUE TO (c) ER SIGNIFICANT CON SE WAS ITRIBUTING D Y Menth, Doy, Yea 9-3-57 19 at 1 took chorge	DITIONS CONTROL DESCRIBE HO Operato Or 20d. Inside While of work [ushed chest tomobile ac UBUTING TO DEATH BUT OW INJURY OCCURRED OF an aut RY OCCURRED Ooth while at work Ooth work Ooth of work Ooth o	Cident NOT RELATED TO THE TEL (Enter noture of injury in it according in the company in the c	Part I or Fort II of collision orm, 204 (City or rec) Land psy K. Insp Hamicide	with a sawn) over pection [],	County Pr. Ge	PERFORMEDO YES NO (Shot
TOTAL CENTRAL	gove rise to immed (o), stoting the u coute last. FART II, OTH 200 EXTERNAL CAL PRIMARY D OF CON CAUSE OF DEATH. 20c. TIME OF INJUR. ACTUAL SIGNATURE	y, which out couse neerlying DUE TO (c) ER SIGNIFICANT CON SE WAS ITRIBUTING D Y Menth, Doy, Yea 9-3-57 19 at 1 took chorge	DITIONS CONTROL DESCRIBE HO Operato Or 20d. Inside While of work [ushed chest tomobile ac UBUTING TO DEATH BUT OW INJURY OCCURRED OF an aut RY OCCURRED Ooth while at work Ooth work Ooth of work Ooth o	cident (Enfor notice of injury in coolie in c	Part I or Fort II of collision orm, 204 (City or rec) Land psy K. Insp Hamicide	with a tawn) over pection [], Undete	County Pr. Ge	PERFORMED: YES NO (Sto
במכער המינינו	gove rise to immed (o), stoting the u covide last. FART II, OTHI 200 EXTERNAL CAL PRIMARY DI or CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour 21. I certify th op.nion death is SIGNATURE EXAMINER'S	y, which out couse neerlying DUE TO (c) ER SIGNIFICANT CON SE WAS ITRIBUTING D Y Menth, Doy, Yea 9-3-57 19 at 1 took chorge	DITIONS CONTR Ob. DESCRIBE HO Operato Operato I 20d. Inside While of work is of the rem Noturol caus Valor	with the state of	cident (Enfor notice of injury in a cobile in coor, steel, office bldg. (In ACE OF INJURY (Home, fr. clory, steel, office bldg. (In ACE OF INJURY (Home, fr. clory, steel, office bldg. (In ACE OF INJURY (Home, fr. clory, steel, office bldg. ACE OF INJURY (Home, fr. clory, steel, office bldg. (In ACE OF INJURY (Home, fr. clory, st	Part I or Port II of collision orm. 201 (City or rec) Land psy (I nsp Hamicide (EXAMINER ()	with a tawn) over pection [], Undete	County Pr. Ge	PERFORMED: YES NO (Storman in the state of t
WEDICAL CERSIFI	gove rise to immed (o), stoting the u coute last. FART II, OTHI 200 EXTERNAL CAL PRIMARY DIO TON CAUSE OF DEATH. 20c. TIME OF INJUR. 6.30 pm. 21. 1 certify th opinion death is SIGNATURE SIGNATURE EXAMINER'S NAME (Type) John BURIAL CREMATICI	y, which to cause nderlying DUE TO ER SIGNIFICANT CON SE WAS TRIBUTING D Y Menth, Day, Yea 9-3-57 19 at 1 took charge resulted from. If	DESCRIBE HO Operato Operato Of 20d. Insid While of work of the rem Noturol coust New M.D	with the state of	Cident Cident Control of the Telester of Injury in Control of Injury (Home, Included, Street, office bldg., Injury) Cove, held an Auto ASSISTANT MED DEPUTY MEDICAL	Port I or Fort It of collision orm. 201 (City or reft) Land psy M. Insp Hamicide EXAMINER OICAL EXAMINER	with a tawn) over pection [], Undete	County Pr. Ge Inquiry rmined ma	PERFORMED YES NO (Stote No.)
MEDICAL	gove rise to immed (o), stoting the u course last. FART II, OTHI 20a EXTERNAL CAL PRIMARY D'OF CON CAUSE OF DEATH. 20c. TIME OF INJUR A. 30 pm. 21. 1 certify th opinion death is signature EXAMINER'S NAME (Type) Johnson CREMOVAL (Specify)	y, which to couse need to cous	DITIONS CONTROL DESCRIBE HO Operato Operato Of the rem Noturol coust Noturo	UShed chest COMODILE AC UBUTING TO DEATH BUT OW INJURY OCCURRED OF AN SUT RY OCCURRED ON While look of work Or Accident NAME OF CEMETERY C	cident I NOT RELATED TO THE TEI (Enfor noture of injury in in CHODILE in C ACE OF INJURY (Home, in clory, street, office bldg., in clory, street, office bldg., in CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICAL OR CREMATORY	Port I or Fort II of collision orm. 704 (City or reft) Land psy L. Insp. Hamicide [EXAMINER [DICAL EXAMINER [AL EXAMINER [726 LOCATIO	tawn) over pection [], Undete	County Pr. Ge Inquiry rmined ma	PERFORMED YES NO (Stote) (Stote)
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MEDICAL CERTIFIC	gove rise to immed (o), stoting the u coute last. FART II, OTHI 20a EXTERNAL CAL PRIMARY D or CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour D m. 21. I certify th op.nion death if ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Market (Type) J	y, which to cause nderlying DUE TO ER SIGNIFICANT CON SE WAS TRIBUTING D Y Month, Day, Yea 1 took charge resulted from, If To Malor 1 225 DATE THEREO 9-13-57	DITIONS CONTROL DESCRIBE HO Operato Operato Of the rem Noturol coust Noturo	with the transfer of the trans	CENTER NOT RELATED TO THE TELE (Enter noture of injury in it	Port I or Port II of collision arm. 201 (City or reft) Land Psy M. Insp Hamicide EXAMINER Trocal Examiner Troc	tem 18] with a tawn) over pection [], Undete Sept. N (City, town, of the city)	Pr. Ge Inquiry rmined mo ember I or county)	PERFORMED YES NO (Sto BOO Md ON DATE SIGNED (Stole) 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SEE II 1225 DECENALO

SUREAU V. S.

7				MARY	LAND	STATI	E DEPAR	IWE	NT OF HEALTI	H-BAL	IMORE,	18			
-				9	824		CERTIF	CA	TE OF DEATI	Н		Reg. D	() () { ist. No.	343	
M S drecto		1. 8	LACE OF DEATH	_					2 USUAL RESIDENCE (W	here deceased	lived. If institu		nce before	admission)	
	١.			ce George		· · · · · · · · · · · · · · · · · · ·	MARYLAI		Mo-	-		Pri	nce G		
		1	RURAL ond give ne		ils, write	e. LENGT	H OF STAY IN	1b	c. CITY OR TOWN (If	outside corpor	ote fimils, write	RURAL ond	give neares	il town)	
should	-		Cheverly		1	1	6 Days		Takona	Pk.					_
₩ N	2.9		OR INSTITUTION	AL (If not in hospitol, s	give street				d. STREET ADDRESS	_				IS RESIDENC	5
P	-	0 1		eorge Gene		Hospi			6609 Po				`	ES NO	3
		3. †	NAME OF DECEASED Type or print)	Fil			Middle	m.	Lost	4. DATE OF	_	onth	Doy	Year	
, g		5. S			ma.				russell	DEATH		pt	11	19	<u>57</u>
1		J. 3	Female	6. COLOR OR RACE					DATE OF BIRTH		9 AGE (In year lost birthday)	Months		UNDER 24 H	
<u> </u>)	100			WIDOW		DIVORCED [_	11-29-90 RY 11. BIRTHPLACE (Stole		66 yr				
death.	4		during most of work	ing life, even it refired	9			ונטטא						WHAT COUN	TIRY
carbon ofter d	-	13. (Homemaker	•		At Hon	1e		Loudon Co		va.		.S.A.		_
	- 1			in F. Mill	9				Emma Hol:						
mo=== hours		15.		R IN U. S. ARMED FOR		SOCIAL SE	CURITY NO.	t7 INI	ORMANT		Ad	dress			_
72 k		(Yes,	no, or unknown)	(if yes, give war or dates of s	ervice)				Villie Trusse	.77 Uhan			0 28 8	nh ama	
	F		IR. CAUSE OF DEA	TH [Enter only one co	ouse nec li	ne for (a)	b) and (c) 1		TTTTO II 0296	STT HAS	Deriva	Defil			
orienal vithin		ı	PART I. DEA	TH WAS CAUSED BY:	. Per m	0	(a) and (c)		01. 0		10.	D	ONSET	AL BETWECH	4
Feer			7	DUE TO		2		on	uy c	my.		- Luci	a		
ا ج نے آ			Conditions, If or	an orbital h	/	an	- cu	. 0	me. 7	7 5 4					
ony ony			gove rise to in	nmediote (,	/					
ond in			tying couse lost.	the under-		ne.	mar	ij	mol	del	enne	me	0		
5 _,	-1	ĕ	PART II. OTH	IER SIGNIFICANT CON	DITIONS (CONTRIBUT	ING TO DEATH	OUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION G	VEN IN PAI	RT 1(a) 19.	WAS AUTOP	 5Y
emova	3	CATION												PERFORMED? ES 🗍 NO [
Ten Ten		CIRTI	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW	INJURY OCCU	IRRED.	(Enter nature of injury in	Port I or Port	II of item 18.)				
5			(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
9.5		MEDICAL	20c, TIME OF INJURY	Y Month, Day, Ye		NJURY OCC	URRED 20e	. PLAC	E OF INJURY (Home, farm	, 20f. (City	or town)	((County)	(Sto	lej
E S		ME.	p. m.	19	While at war	k at wo	while	10010	ny, sireel, office blog., arc	1					
2 b			21. I certify the	at I attended the	deceas	ed from.	4	<u>ر</u>	5 1957 10	9.	- 11, 195	7that I	last saw	the decer	1500
bvrial			alive on	. 9-11	12		and that de	oth c	occurred at 2:00						
deto to to				P	1	/ /	0			ADDRESS (Str	eet, city or town	, state)		DATE SIG	
9 6	-,1		ACTUAL TURE	RUSC	her	art	hac.	SM.	D						
7 P 1			PHYSICIAN'S		, ,	,))	1004 T 9	+ ** o o +	M Lt 1	vIn a b	D C		
Shra Ishra			NAME (Type) Sal	muel Schwar	rtzba	cn			1726 I. S	treet,	It a VI a 1	Rasii.	D.O.		
6 6 0 0		220.	BURIAL, CREMATION	N, 2217 DATE THEREC	260	22c NAN	AE OF CEMETES	Y OR	CREMATORY	22d LOSATI	ION (City, town,	or county)	2.1	(Stole)	
g t	-		BULLAL (Specify)	R41/4,1	72/		bury C	em	elley	de	eburg.		Ver	ginia	
64)	d	3.	UNERAL DIRECTOR	SIGNATURE	611	70 ADDI	RESS U	11	24a. REC'	D BY REGISTI		ISTRAR'S SI	GNATURE	,	
(4) 55	Y	4	WIGHT	values_, 2	340	LOUN	W. W. K	W	A.C. DATE	SEP 13	157 (8)	Shes	uch		
	/	/													

BUREAU V. S.

SEP 13 1957

BECEINE

1 .		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
/		9756 CERTIFICATE OF DEATH Reg. Dist. No. 245
director, led with	M)	1. PLACE OF DEATH o COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o, STATE b, COUNTY
		Frince deorge county Maryland Montgomery
be be		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest fown)
e fun		Hyattsville 4 days Silver Spring
the sho		d. NAME OF HOSPITAL (If not in hospital, give street address) or Institution e IS RESIDENCE ON A FARM?
74		Paint Branch Nursing Home 10204 Proctor St. 185 NO
" "S		3. NAME OF First Middle Lost 4. DATE Month Doy Year OF
		(Type or print) George Sebastian Voneiff DEATH September 3 1957
7 6		S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
e te		Male White WIDOWED DIVORCED Mar 17, 1893 64 yrs Months Doys Hours Min.
s camples papers. eath.		10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
o Co		Plumber Pluming. Heating Washington. D.C. U.S.A.
omd Pond	-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
corbo	1)	George Conrad Voneiff Pauline Toepfer
physician amove con hours off		15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. \$77. INFORMANT Address
2 pt		[If yet, no, or unknown) [If yet, give wor or dotter of service) Silver Spring. Mi
din ase in 7		Total
Ple He		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: A 1. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
e o		IMMEDIATE CAUSE (6) / TOUTE CONGESTIVE FRITUPE
五十 9		DUE TO OI + 1 + 1
any and		conditions, if any, which by heumalic heart disease do yes
i per		cose (a), stating the under-
ian is is nsit		lying couse lost. (c)
bee did		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
train your		2 rand a dicert
ding te bu		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CASE OF DEATH OR CONTRIBUTING CASE OF DEATH OR CONTRIBUTING CASE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)
in the		
r o cert		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not white of work of wo
al al		p. m. 19 of work of work
Spiral Control		21. I certify that I attended the deceased from April 1957, to Sept 3 1957, that I lost saw the deceased
A A Property		alive an Aug. 25, and that death occurred at 1100 A.M. from the causes and an the date stated above.
T 0 0 0		ADDRESS (Street, city or town, state) DATE SIGNED
ECT or h	,	SIGNATURE Bennet a, Voiler in his M.D.
OIR Id b		Parada A D
o Por		PHYSICIAN'S Bennet A. Porter, Jr., M.D. 9301 Colesville Rd. Silver Spring, M.
Sg. C		220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
moy Doge		Burial 9/6/57 Ft. Lincoln Cemetery Prince George County, Md.
5 5 5 ±		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
VIII A1S (4)		Warner E. Kumphrey, Silver Spring, Md pare Delt 6 1957 mrs. Jas. Severe
ISM 9/55		June Programme To Harrison Teles



BUREAU V. F.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19845)
4 8 M	9825 CERTIFICATE OF DEATH Reg. Dist. No. 244
Poge directo	1. PLACE OF DEATH a COUNTY PRINCE GEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) o. STATE DISTRICT of COEDEBEA
deoth.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest lawn) WASHINGTON
oy the fun 2 should	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTE GEORGES GEN. HOSP. 13.11 ADAMS ST. N.E. a IS RESIDENCE ON A FARM? YES NO
24 hour in b and and	3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) JOSEPH Middle Last 4. DATE Month OF Day Year 7 157
within Po	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HR lost by body) Months Days Hours Min.
comple comple papers sath.	100 USUAL OCCUPATION (Give kind of work done during most of working) life, even if retired) 12. CITIZEN OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stole or foreign country)
an ond corbon ofter de	Retired Maryland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physici emove hours	Joseph Walters Mary ????? 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Washington
death ce itending please re vithin 72	no Dorothy E Walters 1341 Adams St N.E 18. CAUSE OF DEATH [Enfer only one cause per line for (o), (b), oad (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
the off	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Varano a o live a ONSET AND DEATH
ines the	Canditions, if any, which gove rise to immediate cause (o), stating the under OUE TO
w regulation.	tying cause last. (c)
The log phys has bu	PERFORMED? YES IN NO [
thendin tifficate s the b	
tal or o this cer or use or remotio	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. st. 19 of work of otwark foctory, street, office bldg., etc.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) 40c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.)
NDING a hospi a After ched fo uriol, c	21. I certify that I attended the deceased from 5 - 6, 1956 to 9/7, 197, that I last saw the decea alive on 9/7, 1957, and that death accurred at 2:00 AM from the causes and an the date stated about
A ATTEI J by the ECTOR Se deto or to by	ACTUAL ACTUAL M.D. 37/7 - 38TA AUR 9/7/8
TAL OI retoined thould I	PHYSICIAN'S GEORGE HAGEAGE. COTTAGE C. TY M.
HOSP andy be oge	220. BURIAL CREMATION, 22b. DATE THEREOF / 22c. NAME OF CEMETERY OR CREMATORY / 22d. LOCATION (City, town, or county) (Stote)
5 5 5 ==	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 244. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	Lee Funeral Home Washington D.C. DATE Lett 9-57 Come Combabily
	1 U.St. Seducto

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with director filed should compl puo ő P 0 VS A15 (4) 1SM 9/SS

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. CONNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWNAIT outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address)/ d STREET ADDRESS IS RESTDENCE OR INSTITUTION ON A FARM? YES NO [nc e NAME OF Æirst Middle Lest 4. DATE Month **Теог** DECEASED OF DEATH (Type or print) 19 5 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED DO NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IS UNDER 24 HRS Months DIVORCED [WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISIDE or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INSORMANT CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO | 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f (City or town) Doy. Year (State) (County) factory, street, office bldg., etc.) Hour o. m. Not while While at work at work 21. I certify that trattended the deceased from 1922, that I last saw the deceased alive an and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 23-FUNERAL DIRECTOR'S SIGNATE **ADDRESS** DATE

SECEIVED

BUREAU V. S.

1 7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 19848
HEALTH DEPT.	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed It institution Residence before admission)
0 0 ± (as)	o. COUNTY Prince Georges MARYLAND O. STATE MARYLAND b. COUNTY Pr. GRO.
製 (関)	b CITY OR TOWN (If outside corporate limits, write BUPAL on give nearest lown) and give nearest lown)
Stary Close of of	Cheverly D.O.A. Deanwood Park
dire for y	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS Rep. De 10 ON A FARM
Frail Frail	Prince Georges General Hospital 5106 Nye Street
fun fun eat	3 NAME OF First Middle Lost 4 DATE Month Day Year OF
(本) 年 4 年 4 年 4 年 4 年 6 年 4 年 6 年 4 年 6 年 4 年 6 年 7 年 7 年 7 年 7 年 7 年 7 年 7 年 7 年 7	(Type or print) Grant Williams DEATH Sept. 6 1957
of Solo	lest birthday Months Day's Hours Min.
and 5 m	Male Calored WIDOWED DIVORCED Jan. 6, 1903 5h yrs. Months Days Prours Min.
deo 2, o 2, o and and	during most of working life, even if retired)
The state of the s	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
PAK-	Grant Williams Unknown
orm orm	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address
1 4 E 6 7	Yes W.W. 1 Martha Richardson; same as # 2.
E.S. \$ (E.S.	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
Item Item alon in po	PART I. DEATH WAS CAUSED BY. Hemorrhage and shock
1 B 2 C C C C	X/2X DUE TO
oncile of the second	Conditions, if ony, which governs to immediate couse (b) Fractured skull, crushed chest and lacerations,
و مر م	(o), storing the underlying OUE TO And amplify and any of the control of the cont
Sho Grant On,	The second secon
ad a math	PERFORMED? YES [] NO []
a discolution of the control of the	200. EXTERNAL CAUSE WAS 200. DESCRIPE HOW INITIALLY OF CHERED Finite on Initial at Part I of How 18.1
ord ord Med bridge.	RIMARY Dor CONTRIBUTING A pedestrian, run over by an automobile.
Thought the state of the state	3 20c. TIME OF INJURY . Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County)
to a series /	Hour III. Hour III. While Not while foctory, street, office bldg., etc.)
Pog brid	21. 1 certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in m
ed w	opinion death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner
CTC CTC	
FDIC Form SIRE ated	SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
AL I	EXAMINER'S ASSISTANT MEDICAL EXAMINER
5 7 7 8	NAME (Type) John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER (9-6-57
NA SECTION OF SECTION	220 BUR AL CREMATION (220 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY (510te)
5 . 4 5 .	23 FUNERAL DIRECTOR'S GNATURE ADDRESS / 240, REC'D BY REGISTRAR'S SIGNATURE
VS A15ME	11 11 11 11 11 11 11 11 11 11 11 11 11
5M 2/57	Henry 1 Williamy 10 - Sois 46/ N st. 11.00 DABEP 11 57 Williamen

DECENAEL

BUREAU V. S.

09849 9853 **CERTIFICATE OF DEATH** Reg. Dist. No. with Pode 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) o. COUNTY filed b. COUNTY 1/1 /> MARYLAND 700. b_GRT OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 16 NOWN (IF å e c. CITY QI dutside corporate limits, write RURAL and give nearest town) RUZAK and give nearest /gwn] CAVE should within 24 haurs after d NAME OF HOSPITAL (If not in hospital give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D NAME OF Middle DATE Year Day DECEASED (Type or print) DEATH لوا 5. SEX COLOR OR RACE B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HE 7. MARRIED M NEVER MARRIED APE () lost bythilay) Days Hours Min. WIDOWED | DIVORCED T complet papers. YES 100. USUAL OCCUPATION (Give find of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BURTHPLACE (State or fareign country) 2. CITIZEN OF WHAT COUNTRY? during mast af washing life, even if reffred) P puo carban ofter 13. FATHER 14. MOTMER'S MAIDEN NAME physician гетоме hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT attending CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ã PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 0 Note **DUE TO** that à permit. Conditions, if ony, which ! gued gave rise to immediate **DUE TO** couse (a), stoting the undergug lying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO E 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF BITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Q. JI. While Not while at work at wark p. m. 21. I certify that I attended the deceased from. toched Lithat I last saw the deceased alive an and that death accurred at M, from the causes and an the date stated above. DIRECTOR det **ACTUAL** SIGNATURE p. ping PHYSICIAN'S TO HOSPITAL NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF MAME OF CEMETERY OR CREMATORY 22c 22d, JOCATION (City Apwn, or county) E S (State) REMOVAL (Specify) Lemena 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATESEP lon

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

SEP 16 1957

BUREAU V. S.

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within

HOSPITAL



BUREAU V. E.

OCL 16 1957

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
9854	CERTIFICATE	OF DEATH	

09850

Reg. Dist. No.

1. PLACE OF DEATH				2.		IDENCE (WI	nere decease	d lived. If institu	tion: Reside	nce before	odmissi	on)
o. COUNTY Pri	nce George	S	MARYL	AND	o. STATE	exas		b. COUNT	Val V	erde		
b. CITY OR TOWN (II RURAL and give no	Foulside corporate limi	ts, write	c. LENGTH OF STAY I	N lb			sutside corpo	role limits, write				W
Andrews AF		D.C.	See Rever	se	D	el Ri	0	80x-	9			A
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	jive street (oddress)		d. STREET					-	IS RESI	DENCE FARM?
Andrews AFI	3, Wash. 25	, D.			900 E	ast 6	th Str	reet			YES 🔲	
3. NAME OF DECEASED	Fir	st	Middle		10		4. DATE	Mc	nth	Day		ear
(Type or print)		ank	Melvin		yman	Jr.	DEATH	Septemb	per	12		957
5. SEX	6. COLOR OR RACE	7- MARR	IED MEYER MARRIE		ATE OF BIRT			9. AGE (In years lost birthday)	Months	Days	Hours	R 24 HRS.
Male	Cau	WIDOWE			7 July			40 уп		Suy.	110015	realis,
10a. USUAL OCCUPATIO	ON (Give kind of work a	done 10b.	KIND OF BUSINESS OF	INDUSTRY	II. BIRTHP	LACE (Stote	or foreign c	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY
Pilot - U.S	3. Air Forc	е	U.S. Air F			nown			J	Jnite	d St	ates
I3. FATHER'S NAME				1	4. MOTHER'S							
	M. Wyman S					Unkn						
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	prvice)						Oth Air		Grou	ıp qı	
Yes	WW 11	1	Jnknown	M/S	gt Pau	l Loc	k, Lai	ighlin Al	В, Те	exas		
		use per lin	ne for (0), (b), and (c).]								ET AND	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		Injuries,	multi	ple, e	extrem	е				nsta	
860 X	DUE TO		. 20 30.									
Conditions, if or	ny, which) (b)	Aircraft A	ccide	nt							
gove rise to it												
lying couse lost.) (c	1		Variation of the second								
PART II. OTH	IER SIGNIFICANT CON	DITIONS_C	CONTRIBUTING TO DEA	TH SUT NO	T RELATED TO	O THE TERM	INAL DISEAS	E CONDITION G	IVEN IN PAI	RT 1(o) 19	PERFOR	UTOPSY RMED?
3											YES E	NO 🗌
PART II. OTH	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY OF									
			rcraft Cras	-								
ZOC. TIME OF INJUR	Y Month, Doy, Yes		Not white	20e. PLACE fectors	OF INJURY	(Home, form e bldg., etc	.) !			(County)		(Slote)
					ws AFE			ews AFB				
21. I certify th	at I attended the	decease	ed from See R	evers	2, 19	_, to			,that I	last sa	w the	deceased
alive an		12	and that	death ac	curred at	2:25	a.M. from	n the causes	and an I	he dat	e state	d above
	1 1//	1			- 1			Ireet, city or town				TE SIGNED
ACTUAL SIGNATURE	General 1	1.11	Marie	M.D				lospital		Sep	temb	er 19
PHYSICIAN'S DI	1	200000						orce Bas	se .			
NAME (Type)	SGINALD P.	MCMAI	MUS CAPT, U	SAF (MC) Wa	shing	ton 25	, D,C,				
220. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEME	TERY OR CI	REMATORY		22d LOCA	TION (City, town,	or county)		.(State	1
Burial	1-11-3	7	arlingle	0 11	216.6	2331	are	inalo	2/2	57.0	me	· 3/
23. FUNERAL DIRECTOR	SSIGNATURE	-	ADDRESS	100	10	24a. REC'	Barbedis	RASS7 245 RE	ASTRAR'S SI	GNATUR		
W:W:01	rambier	lo.	517-119	di	S.C.	DATE						

A corrected Certificate of Death will be prepared and forwarded if additional information is received concerning items presently indicated as unknown.

CERTIFICATE

I, the undersigned, while in performance of duties as Medical Officer of the Day, for the 1401st USAF Hospital, do hereby certify that I was summoned to the scene of the aircraft accident and found subject officer dead upon my arrival thereat. It is my opinion that death occurred approximately 10 to 15 minutes prior to my arrival.

Item lc: Unable to determine, aircraft had not landed.

REGINALD P. MCMANUS
CAPT, USAF (MC)

Attending Physician



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF CENTH

BUREAU Y. &

SEP II 1957

BECENTED